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"Raiders Passed"

The Chinese have a saying that one picture tells more than a thousand words. This proverb certainly applies to the photograph which appears on the cover of the *Journal* this month and tells a story that will go straight to the heart of every nurse that sees it.

Look closely at this scene of wanton brutal destruction, and you will find shreds and tatters of many familiar things that we nurses use in our daily work. Charred rags of blankets, the arm of a wheel chair, a box for record cards, the rail of a bed, the standard of a surgical lamp, a heap of broken dishes. Sagging beams and fallen plaster, twisted gas and water pipes, electric wiring torn from its connections, all tell the tale of essential services put out of commission. This was all that was left of material things in one hospital when the raiders had passed.

But there is something which even the raiders can neither conquer nor destroy — there is courage so steadfast that even the gates of hell can not prevail against it. Look at the picture again. In the centre of it is a nurse, trying to set things to rights. It is to help this nurse and thousands like her that the Canadian Nurses Association is making an appeal to you and to all Canadian nurses.

If you will turn to *Notes from the National Office* in this issue of the *Journal*, you will find detailed information concerning the steps already taken by the President and the Executive Committee of the Association to deal with this emergency. It is good to know that some assistance has already been quickly given and that plans for further aid have been submitted for the consideration of the Provincial Associations of Registered Nurses.

It is apparent that there is need for effort in two directions. We must help individual nurses who have lost everything they possess, including their means of livelihood; and we must help

an institution which serves as a rallying point for the group as a whole. In many large cities, hospitals have undergone dispersal and are now operating far from their bases, in what are known as "sectors". As a result, many nurses have lost their jobs as well as their homes. Most of them, like ourselves, have others depending upon them for support. There is no need to plead their cause — we know that it is our plain duty and our great privilege to help as much as we can.

The full text of the appeal made by the Royal College of Nursing appears under the caption of *Notes from the National Office*. This moving and dignified statement shows that the College is carrying on, literally under fire, as "a central organization, representative of the whole nursing profession." Now, as always, the College functions as an association of nurses, with a large membership drawn from all parts of Britain. Normally it also carries on an educational program whereby nurses may qualify themselves as instructors, public health nurses, and administrators. Even under the stress of war, it has made a gallant struggle to offer instruction in the elements of public health to nurses called to service in air raid shelters and in the devastated areas of the large cities. It is consistently striving to maintain good standards in nursing at a time when these are threatened by drastic social change. We in Canada know how precious these standards are. We must help our British sisters to defend them.

Fortunately there is no conflict between the two appeals that are being made to us, and the fund for the benefit of individual nurses is being administered by a committee appointed by the Royal College of Nursing. The important thing is that we should respond to both appeals as promptly and generously as we can. The secretary of your Provincial Association will tell you just how to do it.

— E. J.

Last Flight

On a bleak winter morning, early in February, a grievous accident marred the splendid record for safety established by the Trans-Canada Airlines. Twelve persons lost their lives, and among them were men and women whom the West can ill afford to lose. The pilot and first officer were both killed and so was the stewardess, Mary G. Mayne, a registered nurse. After graduating from the School of Nursing of the Winnipeg General Hospital in 1937, Miss Mayne rendered excellent service as a member of the nursing staff of that hospital, and later at the Provincial Sanatorium at Ninette. Like so many other young Canadians, she was "air-minded" and eager for travel and adventure. The opportunity to combine these with the practice of her profession greatly appealed to her, and she enjoyed giving comfort and reassurance to those passengers who find air travel somewhat of an ordeal. Her night report, recording the regular performance of her duties, was found in the wreckage of the plane.

The end came swiftly and, it is hoped, without pain. Mary Mayne, like other nurses before her, died at her post of duty.

To the Nurses of Guy's Hospital

This has been a queer year: great deeds and little deeds, high endeavour and humdrum routine. Then came Dunkirk. We all must have our own special memories of that terrible and wonderful time. On May 29 I returned to Boundary House after tea, and learned that nurses and doctors were needed for a small public assistance hospital at Dover, which was receiving the worst cases from the boats, those too ill to travel further. There had been 18 deaths in one ward during one night. By 7 p. m. we were off on the Dover Road, one car with a house officer, extra instruments and a theatre nurse, I in my car with the liaison matron, Miss Campbell and three nurses and their light luggage. A lovely night — clear and still. After Canterbury we had difficulty in getting petrol, which was all earmarked for the army. Just outside Dover the other car had a puncture, near a fried fish shop, so, sitting on the curb, we fed the nurses on fish and chips, fresh and steaming hot in newspaper wrappings, in order that they should arrive having had supper and ready for duty. Soon after 9.30 p. m. they were at work. I shall not easily forget those tragic wards of desperately ill men, the rows and rows of blanket-shrouded bodies in a hall below, the untiring night and day labour of a few trained people, and the gallant help given by raw V.A.D.'s and C.N.R.'s, who stifled their feelings, used their common-sense to fill out the gaps in their knowledge and worked unsparingly. Nor shall I forget the capable, selfless and untiring Matron, who organized the hospital work quietly night and day, against such tremendous odds.

Before returning, I drove down to the shore. After the inky black streets, it was peaceful to draw up by the harbour, to see lights shining on the calm water and to hear the faint lap of ripples against the stone wall. Outside, masthead lights moved and a ship whimpered asking to come in. There were no air raid warnings — no bombs or guns. The harbour was packed with little boats of all sizes and shapes; seeing them riding so quietly at their moorings it was hard to believe that they would do the same again. The town was full of seamen of all types, walking and talking in hushed voices.

Early in June I rested for a little in Nuffield House and later in the country in Oxford and Devon. The Home Guard were just coming into their own — the threat of invasion was still very real — and it was a delight to hear the countrymen, both in Oxford and Devon — as yet untrained and barely organized — discussing what they would do if they had to hold up troops across their special meadows, and almost praying that a German parachutist would descend among them. *And you, good yeomen, whose limbs were made in England, show us here the mettle of your pasture. Let us swear that you are worth your breeding, which I doubt not.* King Alfred knew their value; Harold of England knew their value; so did Henry V; so did Elizabeth; so did the great Marlborough and Wellington; and so do we and this other Marlborough — Winston Churchill, our Prime Minister — the value of the ordinary people who make the foundation of England.

Then came a period of comparative quiet. The Dunkirk wounded were being nursed, the lists of Dunkirk

prisoners and prisoners from the French retreat were published periodically. Hopes were raised — hearts were thankful, hearts were broken. At the bases, the nurses worked hard, studied hard, took examinations and roamed the Kent country. The lovely summer drew on to autumn.

And then came the Blitzkrieg. Out of the blue, Hitler launched his frightfulness on London — and on coastal and inland towns north, south, east and even west. On September 7 his bombers got through up the Thames Estuary and, as I drove from Orpington that evening, I saw fires stretching from Woolwich to London Bridge. There cannot have been, in England, so great a sight since the Great Fire of 1666. Since then many parts of London have been wrecked: famous public buildings, beautiful churches, big properties, little housing estates, new houses, slum houses, railways (but not so many), bridges (only a few), but the spirit of the people — *Never!* At first they felt helpless and stunned as they heard the evil humming-birds draw nearer and circle round with only a feeble gun or two to oppose them. And then our little father Winston moved — London *should* be defended. The roar of the guns on the first night of the big barrage will never be forgotten by those who heard it; out of the night it came — unexpected, thundering, deafening. For one moment the people faltered. What could this be? Then joy and exultation. *Our* guns — the big fellows roaring, the little fellows barking, the Bren guns and machine guns chattering. But keep under cover! Look out for shell fragments falling!

Driving up from Orpington by Greenwich, along Evelyn Street and past Sayes Court Road, the diarist's home, or by the Old Kent Road, I was sometimes caught in the evening Blitz, and on one occasion had to jump out of my car and, in company with two policemen, lie on my face behind a water tank while the bombs whined overhead and fell very near.

On September 15, Guy's was bombed: at about 9.30 p. m., out of the night, came four lightning crashes. The first struck the road in Maze Pond at the foot of the central tower of the Medical Block, dived inwards under the tower, and exploded among the steam pipes down below. The second dropped neatly through the glass roof over the central staircase, hit the big stone steps and exploded outside Miriam and the new Children's Ward (old Victoria and Bright), both empty. The explosion brought down the staircase, flight by flight, in an ever-increasing cascade of stone steps, concrete and the big stone flags of the different landings. Both lifts also were wrecked. No one was hurt except one doctor working in a laboratory on the top floor, who had a cut head and concussion. Night Sister had just walked off the landing into Mary; her progress was accelerated. Heavy doors were blown off, window glass fell, everything movable in the wards moved — but, thank God, the patients and nurses escaped. A.R.P. workers, firemen, helpers of all sorts arrived like magic — even alcoholic gentlemen from the Borough rushed in — "We must 'elp the 'orspital. Tell me wot I can do, Sister?" — and in twenty minutes every patient had been got out, carried down the two fire staircases to the Eye Wards or to the Out-Patient Hall. Later they were sorted out and many of them housed on mattresses on the floor of the new Pathological Block behind the Medical School.

Meanwhile a whisper went round

— two more bombs in the Works Yard beside Tabard House and the laundry, and one of them has not exploded. The nurses were moved from the back part of the Home and the maids were evacuated from Tabard House — their basement dormitory had inches of water in it and all the windows were gone. They curled up, each with a blanket, in the basement of the new Nuffield Nurses Home where the old squash courts used to stand. For a time no gas, no light, no water — and then our splendid works department staff got to work and emergency services were rigged up.

In the small hours of morning, while we were fixing up oil stoves and ways and means of cooking and serving breakfast for everybody in the basement of the pathological department, I met one of the little old stokers — grey in the service of Guy's — coming to get a drop of milk for his tea. "We've got a funny job here, Matron," he said, "with that bomb not gone off; but we'll stick it", and back he went down to the engine-room, with the unexploded bomb only about thirty yards away. Courage — the quiet, cold sort — and duty, that shining word — which is sometimes a little irksome to the young, but later becomes their guiding star. The bomb had already exploded underground, but nobody knew that for several days.

Now we are nearly straight again — debris cleared away, a wooden staircase built to the first floor in the Medical Block, and the two wards, Addison and Victoria, about to be re-opened.

Time goes on, and it is winter. We haven't mastered night bombing yet, and many of our lovely old cities have suffered; but we have made daylight bombing too expensive for the enemy, and against all his ports, from North Cape to the Mediterranean and on many of his industrial towns and undertakings far into Germany itself, the R.A.F. has developed a telling offensive.

Greece is living again the days of her former greatness, and has pushed the Italians off Greek soil into Albania. Th submarine menace has increased. The economic situation is difficult; but our Dominions throng round us; we have more friends than we had a year ago; we are better organized than we were a year ago. And in the hearts of all the people — the little people of England who *are* England — there is a calm confidence and a quiet will to endure till the victory, which is certain, comes. Do you remember the words of Paul in his letter to Timothy: *I know whom I have believed, and am persuaded that he is able to keep that which I have committed unto him against that day*. This is freedom and a clean heart.

Good-night — in my vaulted basement bedroom, where once they used to clean the boots, the coal-cellar door leading on to the Chapel Crypt just by my head — I listen to the hum of the enemy planes, the occasional whine of bombs and the roar of our guns, and I wish Thomas Guy could see his old Hospital; he would be proud of it, and of you — its daughters — playing your part all over the world.

Editor's Note:

The substance of this article is taken from a Christmas letter addressed to the members of Guy's Hospital Nurses League by Miss Emily MacManus, Matron of Guy's Hospital. A copy of this letter was sent by Miss MacManus to Miss Mabel K. Holt, superintendent and principal of the school for nurses of the Montreal General Hospital. The dignity and courage of this message are so inspiring that the editor sought and obtained Miss Holt's kind permission to share it with our readers.

Neurosurgical Nursing Care

E. H. Botterell, M. D.

In three decades neurological surgery has immeasurably broadened in scope and advanced in complexity. This development is in great measure due to the efforts of the late Doctor Harvey Cushing. The stimulus of his leadership has resulted in the establishment of neurosurgical units throughout the world. Improvements in surgical technique, new diagnostic measures and increased aid from X-ray examinations have all played a part. New pathological conditions of brain and spinal cord have been identified and successfully treated by the modern resources of neurological surgery.

The nursing care of neurosurgical patients has developed with these advances in surgical knowledge. Special problems in nursing arise, chiefly in patients who fall into one of the following groups: (1) intracranial lesions; (2) lesions of the spinal cord and vertebral column.

The skull is a closed rigid box containing the brain bathed and cushioned in cerebrospinal fluid. A relatively constant intracranial pressure is maintained and is necessary for normal function of the brain. Anything which increases intracranial pressure is a serious matter because vital functions are affected. Vital functions are those necessary to life. Under this heading may be placed:

1. The maintenance of adequate respirations.
2. The maintenance of relatively normal heart rate and circulation (blood pressure).
3. The maintenance of a relatively normal temperature.
4. The preservation of consciousness. Unconsciousness is a very serious matter. The unconscious patient can be kept alive for short periods in a hospital but in ordinary circumstances cannot survive. Therefore the maintenance of consciousness should be classed as a vital function.

The activity of the brain, as a whole, is concerned with maintaining consciousness. "Vital" centres in the brain control respirations, the heart rate, and temperature. A vaso-motor centre influences the arteries and therefore the blood pressure. It follows that changes in the level of consciousness, respirations, pulse rate, blood pressure and temperature indicate disturbances in the function of the brain and its vital centres.

Rapidly increasing intracranial pressure results first in an irritable restlessness, then drowsiness, succeeded by stupor, and finally deep unconsciousness. The sequence of changes may occur over a period of days or in a few minutes or hours from a rapidly enlarging space-occupying lesion within the skull. Over weeks or months, mental processes may be impaired or consciousness clouded but in the slowly advancing case pulse and respirations and blood pressure are usually unaffected. In the acute case of rapidly increasing intracranial pressure, the patient becoming disturbed and non co-operative, there may be a transitory increase in blood pressure, pulse rate and respiratory rate. The increasing intracranial pressure rapidly produces unconsciousness with slowed pulse and slow stertorous breathing, which is

often irregular. If the intracranial pressure continues to increase, the pulse becomes rapid and thready; respirations increase in rate and are irregularly shallow and noisy; temperature rises. Death results from failure of the respiratory centre, with stoppage of respirations.

Figure 1 shows the post-operative course of a patient who developed a spreading oedema of the brain and marked increase in intracranial pressure. A post-operative haemorrhage was suspected but excluded by re-opening the site of operation. Earlier recognition of the significance of increasing depth of unconsciousness with slowing of pulse rate and slowed and irregular respirations would not have placed this patient's life in jeopardy. Fortunately, recovery occurred in this instance.

Life may be maintained as long as

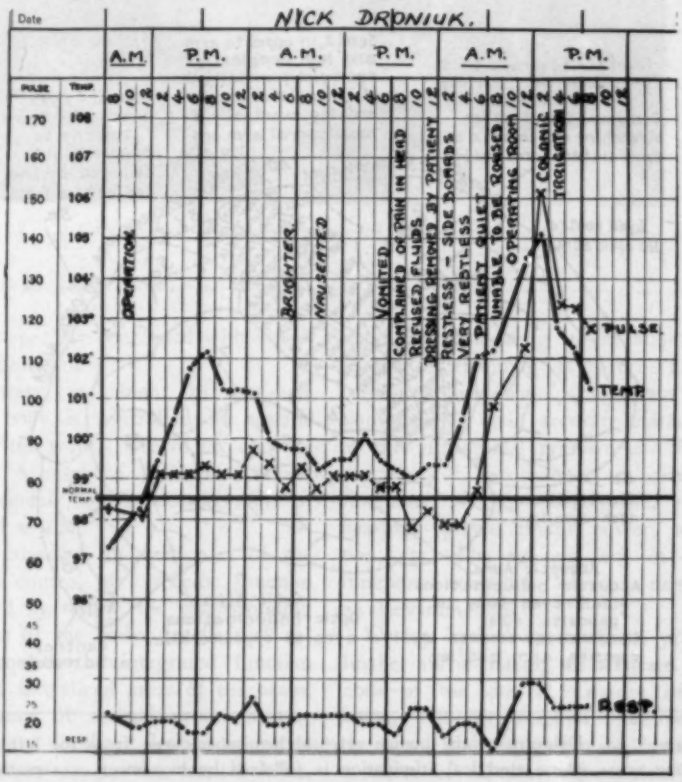

FIGURE 1 — Post-operative increase in intracranial pressure unrecognized till the patient was near death.

breathing continues and the circulation of blood is adequate but continued existence depends upon relatively normal functions such as the ability to see, hear, smell, taste and swallow, feel and use muscles. Speech is well nigh essential and in man intellectual activity is necessary for successful existence. In the human brain as compared with the brain of lower forms of life, specialization has come about so that certain areas of the brain control special functions. The brain is not directly patterned after a telephone switch-board but experimental evidence in apes and studies of patients with lesions of the brain have established that control of various functions is concentrated in specific parts of the brain.

Figure 2 is a diagram of the superolateral surface of the brain. It shows various areas of the brain, each of

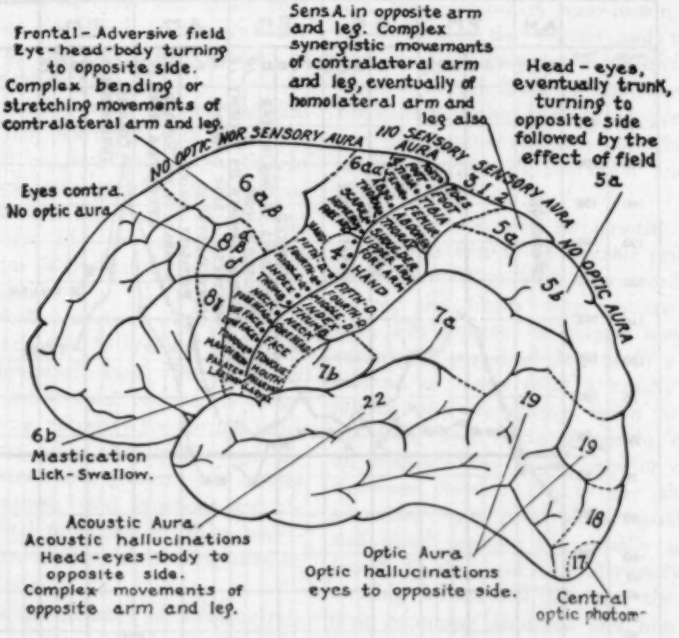

FIGURE 2 — Diagram of the human cerebral hemisphere seen from the left side, illustrating areas whose electrical stimulation is followed by movement or sensation. The numbers of the areas are those of Vogt, which differ somewhat from those of Brodmann. (After Foerster and Penfield). (From Herrick: An Introduction to Neurology. W. B. Saunders Company.)

FIGURE 3 — Comminuted depressed fracture of skull in right parieto-temporal region.

which is specially concerned with a particular function.

Voluntary movement of one-half of the body is controlled by specific areas of the frontal lobe of the opposite cerebral hemisphere (Rolandic area). The occipital lobe is necessary for vision and so on.

The condition of each part of the brain in control of a specific function is judged by testing the corresponding functions of the body. Intellectual activity requires the integrated function of many specialized areas of the brain. Disturbance of mental processes may result from localized lesions in particular areas; e. g., the frontal lobes, or disturbance of the function of the brain as a whole.

Diagnosis of a lesion of the brain implies first locating its situation and second, determining its nature. Localization of the lesion in its correct position depends upon accurate assessment of the intracranial pressure and interpretation of disturbances of particular functions; e. g., vision, taste, smell, hearing, speech, motor power, sensation, etc. The various tests of these functions constitute clinical neurological examination.

Certain special examinations provide further aid in making an accurate diagnosis of the site and nature of the lesion. The cerebrospinal fluid bathing the brain and formed in its cavities is a source of valuable information. The fluid is usually obtained by passing a needle between lumbar vertebrae into the subarachnoid space. In skilled hands

this procedure is neither more painful nor more difficult than puncturing a vein. By attaching a manometer to the needle, the intracranial pressure can be measured accurately. Studies of the dynamics of the cerebrospinal fluid as well as microscopical, chemical and bacteriological examinations, provide information often essential for a diagnosis.

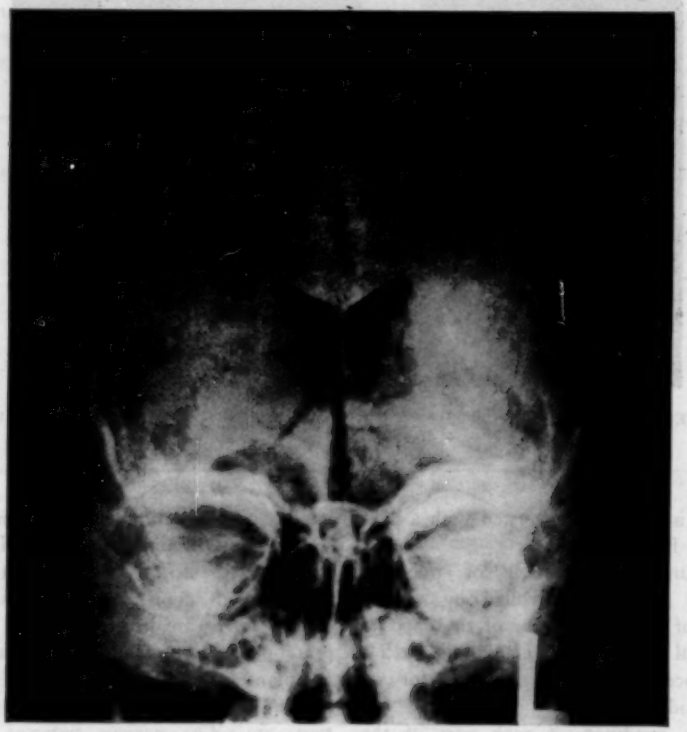

FIGURE 4 — Antero-posterior X-ray film showing normal symmetrical "butterfly" appearance of ventricles.

X-ray films of the skull are often of great value, showing involvement of the skull by tumour, calcification in a tumour, or a fracture. These films are taken following the injection of air or oxygen into the cavities within the brain (ventricles) and the spaces normally containing cerebro-spinal fluid surrounding the brain. Air and oxygen are X-ray opaque, while the brain itself is not. This form of examination outlines therefore the contour of the brain.

Figure 4 shows the normal "butter-

fly" appearance of the ventricles by an antero-posterior X-ray. Note also the mid-line situation of the system and its symmetry. Distortion of the ventricular air shadows and of the air in the spaces surrounding the brain may

5, an antero-posterior film following lumbar air injection, indicates a tumour in the left frontal region displacing the ventricular system downward and to the right. The tumour is outlined medially by a crescentic air shadow in

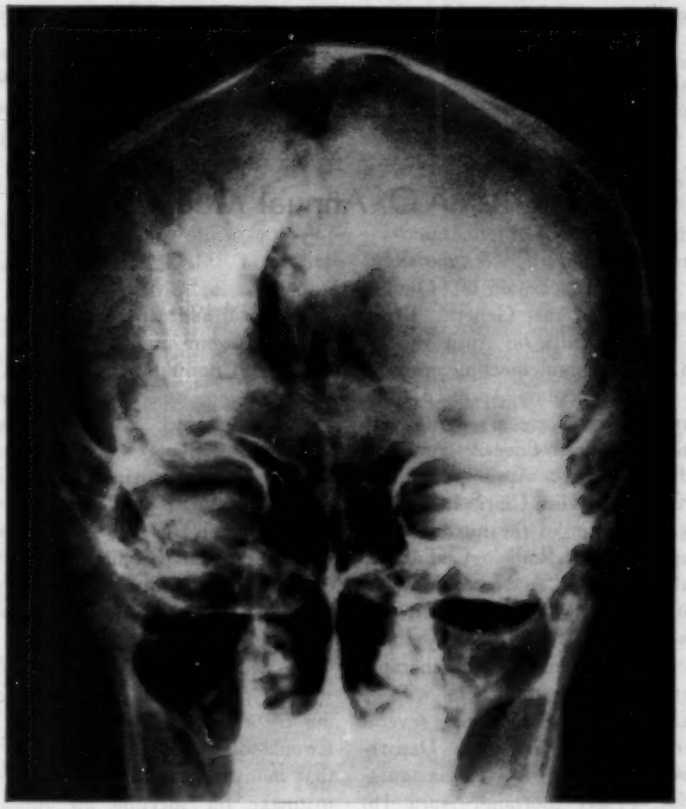

FIGURE 5 — Encephalogram outlining a left frontal parasagittal tumour.

establish the diagnosis when all other means fail. Air may be injected through a burr hole in the skull (ventriculography) or through a lumbar puncture needle (encephalography). Figure

the (sagittal) fissure separating the two cerebral hemispheres. The shadows normally resulting from the presence of air in sulci are absent over the left hemisphere. In addition to the tumour,

a thin sub-dural hygroma was present.

This review of some aspects of the function of the brain and of special diagnostic procedures provides a basis for consideration of the principles underlying neurosurgical nursing care and their application to special groups of neurosurgical patients. These principles will be discussed in an article which will appear in the next issue of this *Journal*.

Editor's Note: Under the caption of "Reader's Guide," our sincere gratitude is offered to Miss Jean. I. Gunn who, with characteristic generosity, made it possible for the *Journal* to reprint this series of articles by Dr. E. H. Botterell, Neurosurgical Division, the Toronto General Hospital.

The R.N.A.O. Annual Meeting

The annual meeting of the Registered Nurses Association of Ontario will be held at the General Brock Hotel, Niagara Falls, on April 16, 17, and 18. The general meeting opens at 2 p.m. on Wednesday, April 16. The program committee are arranging very interesting and instructive sessions. On Thursday morning, April 17, under the direction of Miss Claribel McCorquodale, supervisor of the nursing service, Department of Radiology, Toronto General Hospital, "A Nurse looks at Radiology" films will be shown on (1) diagnosis by means of radiology; (2) treatment by means of radiotherapy. In connection with this there will be exhibits and it is hoped that several members from the staff of the Department will be present to answer questions. On Friday morning, April 18, at a general meeting sponsored by the three Sections, Dr. J. H. Ebbs will speak on recent advances in nutrition. Dr. Ebbs is an authority on this subject which is of vital interest to all nurses.

We are pleased to announce that at the open meeting on Thursday evening, Dr. B. T. McGhie, Director of Medical Services, Civilian Defence Committee, will address the meeting on the general organization of the Civilian Defence Committee in Ontario. Miss Jean Masten, superintendent of nurses, Hospital for Sick Children, Toronto, will tell the part that the nurses, throughout the province, are taking in war activities.

The details for the annual banquet on Wednesday evening are not yet completed. The districts, sections, standing and special committees will present reports of their activities. Miss Ethel Johns, editor of *The Canadian Nurse*, will be present and will speak following the report of *The Canadian Nurse* Circulation Committee. It is hoped that many nurses will attend and assist to make the meeting an outstanding one by taking their part in the discussions on the many important questions that will be presented. Niagara Falls is a delightful place to spend a few days during Easter week.

MATILDA E. FITZGERALD,
Secretary-Treasurer: Registered Nurses Association of Ontario.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

National Joint Committee on Enrolment

A meeting of the National Joint Committee on Enrolment of Nurses for War and Emergency Service was held in Toronto on February 1, 1941. Arising from discussion of several points in connection with Enrolment a number of resolutions were adopted as:

1. In regard to sending the lists to the Federal Authorities:

That the attention of Provincial Joint Enrolment Committees be drawn to the necessity of adhering to the dates already decided upon for semi-annual lists of enrolled nurses to be sent to the National Joint Enrolment Committee, that is, January 1 and July 1, so that the complete lists for Canada may be in the hands of officials of the Department of National Defence every six months, that unless this is done punctually and uniformly, the effectiveness of the lists is lost, and that it is not necessary to supplement these lists from time to time.

2. In order that the Enrolment lists might serve their original purposes:

That the Chairman and the Secretary of the National Joint Enrolment Committee should meet with Miss Smellie, Matron-in-Chief in Canada, and should discuss with her the function of the National Joint Enrolment Committee, and ask her advice as to the next step to be taken in order that the lists furnished by the National Joint Enrolment Committee may be used by the Military Authorities in all the provinces.

3. To a proposal that the Committee seek interviews with the Director General of Medical Services and the Chief Medical Officer of the Royal Canadian Air Force:

That the Chairman and the Secretary should approach the head of the three services, after a conference with the Matron-in-Chief of the R.C.A.M.C.

4. Recognizing that the Provincial Joint Committees can do much to strengthen relationships with the District Medical Officers of the R.C.A.M.C.:

That Provincial Joint Enrolment Committees be advised by the National Committee to contact every District Medical Officer, to supply him with a list from the District and to tell him that he has received, or will receive, that list from Ottawa, and strongly urge that the appointments be made from that list.

Also, that Provincial Joint Enrolment Committees be advised that they should announce to the nurses on their lists that if they wish to be called up for service, they should make personal application to District Medical Officers of the R.C.A.M.C.

5. To simplify methods of correspondence:

That all correspondence to the Secretary of the National Joint Enrolment Committee should come from the Secretaries of the Provincial Joint Enrolment Committees.

6. To secure similarity in organization:

That the Provincial Joint Enrolment Committees should be advised that the three representatives from the two participating organizations should be appointed each biennial

period, and that officers be appointed from the six representatives, with the Chairman and Secretary alternating.

While these resolutions will receive consideration by the Provincial Joint Committees on Enrolment, they are recorded in these *Notes from the National Office* for the information of all members of the Canadian Nurses Association. It is suggested that these resolutions be brought to the attention of District and Alumnae Association meetings.

A Special Privilege

While all members of the Canadian Nurses Association have been contributing to the several funds that have been raised in support of voluntary war aid services, there have been many evidences of anxiety for the welfare of the nurses in Great Britain. However, until early this year it has been rather difficult to obtain information as to the best way the nurses of Canada could demonstrate by definite action their concern for those civilian nurses who are in the first line of defence against our common enemy.

As the President, Miss Grace Fairley, together with other C. N. A. officers, had under consideration plans which, when endorsed by the provincial associations of registered nurses would provide material assistance for British nurses, an issue of the *Nursing Times* announced the opening of a fund by the Royal College of Nursing to be known as "Civilian Nurse Air-Raid Victims' Fund". The Fund is to be administered by a small committee, the members of which are Miss Darbyshire, Matron-in-Chief of the British Red Cross Society; Miss M. Reynolds, Matron of The London Hospital; and Miss Wilmshurst. To quote from the editorial:

> Money is to be used to replace essential personal possessions, such as clothing, and for necessary travelling expenses for nurses who have been bombed and need a rest. In the country, accommodation is already available under the College scheme for hospitality; more may be needed. The money will be used as widely as possible according to the needs which arise, the more urgent being given preference.

When referring to this editorial, the President, Miss Grace M. Fairley, wrote in part to the Executive Secretary: "One has but to read or listen to the descriptions of the demolition of countless British civilian hospitals to realize how many nurses must have lost all their personal belongings. This would seem a time when we in Canada should be assisting those women, known and unknown to us, but members of our own profession. One has but to think of London, Bristol and Coventry to know what has happened."

Then the editor of *The Canadian Nurse* received a letter from the secretary of the Royal College of Nursing which at the President's request has been released for publication in these Notes. This letter appears in full herewith:

> It has been a great pleasure to receive your recent letters and messages and I think you can hardly realise how much we in Great Britain are sustained in these dark days by the thought that free peoples all over the world are so constantly with us in mind and spirit. "Our hearts go out to you", they write. "What can we do for you?" "What can we send you? Money? Medical supplies? Tell us how we can help". "Here is a cheque, spend it as you think best". Generous letters and gifts reach our islands by every mail, cheering our civil population and helping us to endure what must be endured, what other countries have endured before us.

We at the Royal College of Nursing have received some wonderful letters of encouragement and sympathy. Our friends have seen how, old and young, we are proving we can "take it". British nurses are not decadent. Times and methods may change but the basic nursing standards do not — for the nurse her patient still comes first. One after another our famous London hospitals are being attacked but our nurses still carry on. Patients are moved to yet another basement, emergency theatres are repaired, more nurses take the place of those who fall. It is the same in many other big towns, Coventry, Bristol, Birmingham and Southampton for instance.

Many difficulties lie ahead; the College, which in happier times has welcomed so many colleagues from other lands, is facing a period of great strain. So far, although it is situated near the great Oxford Street stores which have suffered so heavily in recent raids, our beautiful building, save for a few small scars, is untouched. It is true that for a time we had to evacuate the premises but the staff are back again and the work goes on and so long as the Ministries of Health and Labour remain in the Capital we feel that College headquarters should be at hand.

War on our own doorstep has brought new problems. There is urgent public health work to do — in the rest and feeding centres, in the crowded underground shelters of our big cities, among the workers in our munition factories, with the mothers and children evacuated wholesale to our country districts, and the College is taking a lion's share in helping with all these problems. Also, a new generation of student nurses must be trained — no easy matter when, in many parts, schools are dispersed throughout country areas with fewer training facilities and inadequate apparatus. Sister Tutors are hard put to it to cover their areas, arrange a proper sequence of practical experience and instil in their pupils a sense of corporate pride in their profession. Post-graduate training, too, *must not stop*, the certificate of state registration is, in most cases, only the beginning of professional equipment. With these, and all other aspects of the nurses' life, the Royal College of Nursing is closely concerned and is now fulfilling the purpose for which it was originally intended — a central organisation representative of the whole nursing profession.

Emergency laws to meet the new conditions are being rushed through Parliament and British nurses rely on their own organisation to safeguard professional standards while *they* concentrate on the elemental things — safety for their patients, shelter, food and sleep.

The tragedy of it is that with all this work on hand the College, through no fault of its own, is crippled by wartime loss of income. Evacuation is emptying many of the offices let to tenants, others are yielding reduced rents. College members are scattered and therefore many subscriptions are in arrears. Expenses, through increased postage and transport costs, "blackout" and other air raid precautions, are mounting. It is bitter to think that, had it not been for the war, our finances would have been buoyant and it is hard for us to see sound professional work jeopardised by circumstances over which we have no control.

We are asking our own members to give what they can to help tide us over our temporary difficulties and I am venturing to suggest that there may be nurses in other countries who would like to show their faith in us and in the Royal College of Nursing by joining their contributions to our own.

Recognizing the need for immediate action, the President and officers of the C. N. A. decided to send one thousand dollars from reserve funds to the Civilian Nurse Air-Raid Victims' Fund, then to secure the opinion of the provincial associations to plans for further action. In response to the appeal in the above quoted letter, it was decided to send one thousand dollars from reserve funds. These two amounts were sent to London by cable toward the end of January.

As the provincial associations have

been consulted, it is anticipated that in the ensuing issue of the *Journal*, following the next meeting of the C. N. A. Executive Committee, plans for future action will be published. Those nurses who wish to contribute to either or both funds before plans can be announced should get in contact with the secretary of their provincial association.

As these Notes are being written, the December issue of *The British Journal of Nursing* arrived. We wish to quote two paragraphs from a letter by the President of the National Council of Nurses of Great Britain to the President of the International Council of Nurses:

To begin to tell you of the horrors we are facing and of the glorious courage with which the British people are doing their duty, would take pages — enough that our Nurses are in the front line of defence and salvation. Already many of them have died at their posts of duty — a shining example to our profession the world over; some of their tragic deaths do not bear thinking about, yet it is for our dear country and for mankind that their lives are offered willingly.

This most brutal and devastating warfare exceeds the barbarism of past ages — we have read of the agony of the rack, the clutch of "The Maiden", the crackle of faggots, and of burial alive. All these mortal agonies our people are being called upon to endure; we have but one consolation, we realise this martyrdom is not in vain, that it would be impossible for us to fail in courage, duty and sacrifice for the ultimate salvation of humanity.

Nightingale Memorial Fund

Contributions to the Florence Nightingale Memorial Fund have been received from:

British Columbia:

A.A., General Hospital, Vancouver	$10.00
A.A., St. Joseph's Hospital, Victoria	5.00
A.A., St. Paul's Hospital, Vancouver	10.00
Graduate Nurses Association, Trail	10.00
Lady Minto Hospital, Ashcroft	4.00
Overseas Nurses, Victoria Unit	3.00
Science Girls' Club, Vancouver	10.00
Shaughnessy Military Hospital, Vancouver	2.00
Supervising Staff, Royal Jubilee Hospital, Victoria	2.50
Windemere District Hospital, Invermere	3.50

The names of contributors for the donation of twenty-five dollars, acknowledged in February, have been made available for publication:

A.A., Royal Jubilee Hospital, Victoria	15.00
St. Eugene's Hospital, Cranbrook	5.00
St. Mary's Hospital, New Westminster	5.00

Quebec:

A.A., Children's Memorial Hospital, Montreal	5.00

The M.A.R.N. Annual Meeting

The annual meeting of the Manitoba Association of Registered Nurses will be held on Friday and Saturday, April 4 and 5, at the Fort Garry Hotel, Winnipeg. The program has not been completed, but promises to be interesting.

Save and Lend to Canada

How much money can you save out of your salary every month? Does each pay-day find you just about broke? Here's something you can do about it. Every pay-day, before you have time to spend all your money, buy yourself a War Savings Certificate at the bank, post office, or from any other authorized dealer. If you cannot afford to pay out four dollars in a lump sum to buy a five-dollar certificate, buy some War Savings Stamps at twenty-five cents each. And do this every pay-day as a fixed habit. Almost before you know it, you will be the proud possessor of several War Savings Certificates which you can tuck away in your bottom drawer or safe deposit box. And those certificates are better than cash. They increase in value the longer you hold them. If you keep them until they mature, you will get back 25 per cent more than you paid for them. Make the purchase of War Certificates a habit!

The collapse of France and other developments of the war has brought about an accelerated tempo in the war effort of Canada. It is, of course, impossible to forecast what Canada will spend on war in the next fiscal year, but the cost is bound, as the war intensifies and as we pass from the defensive to the offensive, to be much greater than now. At every hour of the day, Canada's Government has imperative need of money. What it levies in taxes, it must have. War savings have a special merit of their own in a social sense as well as in war financing. Because of lowered exemptions, there will be this year a large number of persons who for the first time in their lives will be required to make income tax returns to the Government, and who will pay relatively small sums. It will be important to keep them reminded of this and of the fact that the defence tax already paid must still be included in the statement of gross income. Sad news, but true!

Canada would like to see that purchasing power is used primarily to help the war effort now, and secondarily to help provide against many of the economic hardships that followed the Great War. The Federal financial authorities believe this can be done and they aim to get a minimum of ten million dollars a month subscribed to War Savings Certificates. If people who receive salaries or wages start buying extravagantly of non-essentials—things which require labour, materials or foreign exchange that are needed in the war effort—the results would be unfortunate and perhaps serious. A large part of the population would actually be competing against the Government for labour and material urgently needed in war work. They would actually hamper the war effort and impede the winning of the war. Also, they would cause price increases in many articles, thereby reducing the buying power of every dollar. If, on the other hand, they refrain from extravagance and invest up to their limit in War Savings Certificates, then they directly help finance the winning of the war. By "making the old one do" they also help to build up an after-war demand in goods and an enhanced buying power to purchase them. This will make easier the economic swing back from war to peace by increasing the prospects of peace-time employment.

The Minister of Finance has shown that this systematic savings plan can be developed in a really significant way:

The reasons why we need to tap these smaller, regular savings are simple and clear.

In the first place, we cannot get all the savings we need without them. The rich, the well-to-do, the financial and other corporations, and the middle class bond buyers cannot do all the saving necessary, no matter how hard they try. Wage earners, salaried men and women must save in some form or other. Large numbers of them are able and willing to do it, if we provide them with a suitable method and remind them of the necessity. Unless people of modest means do save, regularly and substantially, we shall not as a nation be putting forth our maximum effort. We shall be in danger of losing the war through trying to produce and use a few more non-essentials.

There is not the glamour in this war that helped put across the loan campaigns of the last war, and a savings plan has no great appeal in itself. The nature of this war has not produced band-playing, parading, and recruiting speeches. The urgent necessity for individual contributions and sacrifices is perhaps not as widely understood as it should be. Perhaps Canadians only wait to be told.

Unless people are willing to work harder and abstain from extravagance the total production cannot give Canada *all* she needs for war and at the same time maintain peace-time standards of living—therefore Canada imposes taxes. Therefore, also, she asks voluntary saving and lending; in other words, that individuals restrict consumption of certain non-essentials in order that they may lend to the government. If the shortages in Canada were as acute as they are in Germany, the task of education would not be so difficult. There is hardly anything an individual can consume in Germany, over and above bare subsistence requirements which cannot be used to better advantage in Germany's war effort. Not so in Canada.

Our working population is not asked to deprive itself in respect to food, fuel, shelter or clothing. On the other hand, it is desirable that those who are in receipt of greatly increased earnings should not increase their consumption to an extravagant extent. "Extravagant" in this case is a relative term, varying with individual circumstances. There is need to curtail consumption of articles which involve expenditures of a relatively high percentage of foreign exchange.

Civilian consumption as a whole is much higher than it was before the war and unless moderation is exercised, may be forced higher still. In that event consumption will be rationed by inflation instead of by moderation. Canada is seeking to follow the democratic method—the exercise of individual choice in respect both to the amount of lending and the particular things which people abstain from consuming, together with some regimentation by taxes and import prohibitions. The alternative to this democratic method is general regimentation as practised in Germany. And we don't want that in Canada.

The Minister of Finance has sent an appeal to the President of the Canadian Nurses Association in which he asks us to marshall our forces behind the War Savings movement. He mentions five ways in which we can help:

By investing the spare funds of our organizations in War Savings Certificates;

By encouraging our members to enroll as regular War Savers;

By giving general publicity to the need for the regular purchase of War Savings Certificates;

By members offering their services, through their own organizations or in communities where such organizations are numerous, through a joint chairman, to the Local War Savings Committee, as War Savings Workers.

The Canadian Nurses Association has already set an excellent example by investing its surplus funds in War Bonds. If the provincial and alumnae associations all fall in line we can proudly claim to have made our contribution to Canada's War effort in terms of money as well as service.

A Cap is Part of a Uniform

L. Grace Giles

It was my privilege recently to chat for a little while with a charming elderly lady, who had herself been a nurse. During our conversation I asked her what she thought about nurses' caps, mentioning that caps similar to ours were now worn by women in so many other types of work, and suggesting that because of this the nurse's cap had lost its value.

"What does your cap mean to you?" she questioned gently. Well, what did it mean to me? "I must confess it seems so much a part of my uniform that I don't even think about it, I just know I'd feel queer without it," I replied.

"But there was a time when it meant much more?"

"There was a time when it was tremendously important — before I had won the right to wear it."

"Ah!" she said quickly, "That is something to remember; you valued it because it was a symbol of achievement. Supposing your school of nursing had given you an insignia on your sleeve, or had in some other way marked the fact that you had passed a nursing milestone, would this have meant as much to you as a cap?"

"No, I don't think it would. You see caps are becoming! They really seem to complete a uniform and make one more attractive."

"So even if the cap had no special significance you'd still like to wear one", she concluded. "Yes", I answered, and I could see a twinkle in the kindly eyes.

"I like your frankness," she continued. "If you were a public health nurse you wouldn't wear a hospital cap, not because you felt less a nurse, but because of its inappropriateness and because it would detract rather than add to your appearance. In fact, if nursing hadn't evolved caps out of bonnets, I am very doubtful if the modern hospital nurse would be much enthused over 'capping', no matter how much meaning were associated with it. So should we wonder if other women, who because of the nature of their work must wear a uniform, want to be as attractive as possible and wear caps too? It's a genuine feminine instinct."

"But their caps don't mean anything to them — we work for ours."

"Yes I know. At the successful completion of perhaps a four to six month's preliminary period one receives a cap, the same cap as a graduate nurse wears after years of training and experience. Don't you think it is rather quickly

won, in comparison for example with qualified dietitians who may also wear caps, but who must first have obtained a university degree, and some practical experience as well? They might be entitled to consider that a nurse receives her cap for other reasons than that she has 'earned' it, at the end of her short probation."

"A nurse's cap used to be a distinction, but then at one time so were tinted sun glasses for movie actresses and celebrities travelling incognito. Now from March to December we're all disguised that way. So the 'stars' simply find new ways to give leadership to the multitude. And if we nurses are determined to be different we'll just have to accept caps for what they are and find other means of distinction."

"But what about our nursing association taking action to obtain a regulation that the nurse's cap is not to be worn except by nurses?" I asked, quickly. "After all it was nurses who first started wearing caps."

"I'm not so sure about that," she laughed. "But let's see where such a course would lead us. Supposing the housewives of the country should organize themselves into a Housewives Association. And then supposing they should decide that 'aprons' were the prerogative of home-keepers since time immemorial, and that other groups of workers, including nurses, should not wear them. Then we'd be in a pretty predicament truly. Of course, as things are at present, we could tell them politely but very firmly that there was no precedent for such a thing; that we nurses had always felt that utility, attractiveness and good taste were the essentials in any uniform; that we had recognized the rights of other women in uniform to wear caps, and therefore we expected the same broad-minded toleration from the Housewives Association. And that devastating attack would probably crush their desires for a monopoly on aprons. We hope!"

"But I'm afraid I've detained you too long", she apologized, as I reluctantly rose to leave. "Next time you come, you mustn't let me monopolize the conversation as I have tonight."

On my way home some Air Force lads passed me, and I wondered what they thought about their jaunty cap being so freely adopted by women in all sorts of places. Was it just imagination that a jolly chuckle came down the wind and a voice said, "It'll take more than a cap like ours to make you a birdman, my dear."

Ontario Public Health Nursing Service

Miss Joy Alma James, B. A. (Toronto Western Hospital, and University of Toronto public health nursing course) has joined the staff of the Kingston Health Department.

Miss James has recently been with the Victorian Order of Nurses in Cornwall.

Miss Bernice Armstrong (Hamilton General Hospital and University of Western Ontario public health nursing course) has been appointed to the public health nursing staff of the Windsor public schools. Miss Armstrong, for the past two years, has been resident nurse at Alma College, St. Thomas.

PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association.

The Health of the Public Health Nurse

WINNIFRED DAWSON
Vice-Chairman
Public Health Section, Canadian Nurses Association

For any type of service good physical and mental health in the worker is an essential. From both the agency's and the individual's standpoint this makes for efficiency and economy associated with the much-to-be-desired zest for work and accomplishment, which comes from optimum health. In public health nursing there is the added need for health in the worker because of the necessity for showing the public and the patient, that obviously the nurse is putting into practice her health teaching. It is advisable that public health agencies have a policy in this connection.

Certain general principles founded on long experience have been developed with regard to the health of the employee, especially by large business firms, the Government Civil Service, the National Defence Department, Boards of Education, Insurance Companies, Public Health Nursing Agencies and others. The first of these is the advisability of requiring a *pre-employment examination*. The employer and employee thus have a working basis for the future, and those applicants unfitted physically for the work are eliminated, which should be considered a benefit to the applicant, as well as to the employer. While a state of perfect health need not always be required for employment, this examination serves the same purpose as examination of children in the schools. Defects are noted, their correction assured, early symptons of disease noted and the individual brought under medical supervision.

Frequently, public health nurses are required or advised at this time to have vaccination against smallpox, if not already vaccinated, and immunization against diphtheria or other diseases, for invariably they come into contact with communicable disease in their work.

This pre-employment examination is frequently carried out by a physician employed for this service by the employing agency which usually bears all or part of the expense. Whether this be the case, or whether the choice of physician be left to the employee, it has been found more satisfactory to have a standard form to be followed and filled in by the physician. For public health nursing agencies in Canada, that provided by the Canadian Medical Association is available.

Because of unfortunate experiences

in some cases in the past, it is deemed advisable to accompany the physical examination with an X-ray of the chest. It will be remembered that the first examination of the enlisted men for the armed forces did not include an X-ray of the chest. Later, when this was carried out, it was found that one percent of these men had some form of chest condition, and one-half of one percent had enlargement of the heart, these conditions not having been discernible without the aid of X-ray. While studies made on student nurse groups are available, there appears to be very little data on public health nursing staffs with regard to pre-employment examinations, but there is no reason to believe that they would show a better health record than the enlisted men.

The second general principle is the advisability of providing for *periodic health examinations* or the putting into practice of the principle of regular medical supervision of the individual's health. The National Organization for Public Health Nursing recommends that complete health examinations be given to all members of a health agency staff prior to appointment and re-examinations at stated intervals, not less often than once in two years and oftener as indicated. Marian G. Randall, in "Personnel Policies" states: "The fact that a large organization, like the Metropolitan Life Insurance Company, continues its policy of giving annual health examinations to all its employees shows that it is a good business policy as well as beneficial to the individual." (This company also has a pre-employment examination for its employees.) With present-day knowledge of how very insidious the contraction of tuberculosis can be, and because of the fact that public health nurses are frequently brought into contact with tuberculosis (often when fatigued, unfortunately), it seems only reasonable that the periodic examination should include an X-ray of the chest. Incidentally an X-ray plate is preferable to a fluoroscopic examination as it provides a record for comparison.

A third principle is that of allowing *Sick Leave*, that is, a certain number of days with salary during illness. Usually this is two weeks a year or longer in public health agencies, depending on length of service and any extenuating circumstances. The fact that there is no financial worry for this length of time, encourages the nurse to give immediate attention to minor illnesses and accidents, thus often preventing a more lengthy illness and consequent absence as well as protecting those with whom the nurse would come in contact if at work. It is generally accepted that this sick leave should not be accumulative but should terminate each year.

Medical examination and supervision during sick leave is definitely indicated. The Department of Pensions and Health has some interesting statistics dealing with sick leave in the Civil Service of Canada. In 1934, the percentage of time lost in sick leave was approximately 3.8%. Since that time the department has had the oversight of sick leave and have insisted on closer medical supervision of those on sick leave, with the result that the percentage of such lost time has been decreased to 2.5%, which it is stated represents a money saving of about $600,000.

Sickness and accident insurance, and provision for retirement pensions, contribute to the health of the nurse because of providing a sense of security as well as the necessary care. An increasing number of public health nurs-

ing agencies are providing *preventive sick leave* in the form of occasional long week-ends or extra time off following a period of special stress or pressure of work. This has been found a wise precaution resulting in less sickness and increased efficiency. The principle of allowing a *vacation* of one month with salary for each year's service is pretty generally accepted. This is an important aid to good health, physically and mentally, and it cannot be emphasized too often that a complete change of scene, freedom from worry and some fun are to be desired during this time. One owes it to one's job and to one's self.

Other factors contributing to good health are the maintenance of *reasonable working hours, prevention of overwork and undue fatigue, and good working and living conditions.* In her daily work, the public health nurse is brought into contact with many depressing conditions, disease, poverty, overcrowding in unsanitary houses and other social ills, as well as physical hazards, so that it is necessary that the nurse provide herself with a comfortable happy home life, or boarding house with healthful recreation with wholesome friends when off duty, in order to maintain her physical and mental health at a high level.

In public health nursing agencies, it is advisable for the director or supervisor to maintain a personal interest in the mental attitudes as well as the physical well-being of her nurses. Often a person with a wrong mental attitude, personality difficulty or a functional nervous disorder may be assisted effectually or cured by treatment under an experienced psychiatrist. A year to year report on the nurse's health included with her activity record provides a necessary reference file.

Health policies practised over a period of years and found beneficial and practicable by the organization with which I am associated, the Victorian Order of Nurses for Canada which employs some 350 nurses are briefly outlined as follows:

1. Pre-employment examination, with chest X-ray, the National Office choosing the physician and meeting the expense, except the X-ray.

2. Re-examination, including chest X-ray required biennially until age forty, thereafter annually with the chest X-ray as indicated.

3. Vacation of one month a year, with salary.

4. Sick leave with salary at the discretion of the local board. Two weeks is usually allowed.

5. A five and a half day week, with compensating time for service on Sundays, holidays, or at night.

6. The average working day should not exceed eight hours, or fall below seven.

Note: In small districts where regulation number five is not yet in practice, it is recommended that the nurse be allowed twenty-four consecutive hours freedom from duty in each week, and that she have one week-end free each month from Friday noon to Monday morning.

La construction d'un programme d'études

Under the auspices of the Sisters of Charity (Grey Nuns) at their Mother House in Montreal, there is a School for French-speaking nurses, known as l'Institut Marguerite d'Youville. This School was founded in 1934, and in 1936 became affiliated with l'Université de Montréal. Instruction is offered to nurses who wish to augment their scientific and professional knowledge or to qualify themselves as supervisors and administrators of nursing service, or as instructors and directors in schools of nursing. All teaching is carried on in the French language.

During the last six years, eighteen pupils have obtained the Baccalauréat ès-sciences du soin des malades. Forty-seven others, who had already taken a year of study at the Institut, returned to complete the courses leading to the Baccalauréat, for which they will be qualified when they have completed their professional training. Four hundred and fourteen have enrolled for courses in various separate subjects.

The editor of the *Journal* recently had the privilege of attending a symposium on nursing education held at the School. There were eight participants and the discussion revolved about the main subject of the content and construction of a teaching program. The various contributions were so excellent that it seemed certain that French-speaking readers of the *Journal* would enjoy reading them. With the kind permission of the Rev. Mother Allaire, they will appear in French in this and succeeding issues of the *Journal*. A brief summary in English will accompany each series.

The first contribution to the symposium was offered by Rev. Sister H. Martel, who spoke of the general aims of education. The second contribution was made by Rev. Sister Hébert who dealt with the aims of professional education.

Note de l'éditeur: Sous les auspices des Soeurs Grises de Montréal, et à leur Maison-Mère, une Ecole supérieure pour infirmières de langue française était fondée en 1934 qui fut affiliée deux ans plus tard à l'Université de Montréal: c'est l'Institut Marguerite d'Youville.

Des cours y sont donnés — tous en français — aux infirmières désireuses de perfectionner leurs connaissances scientifiques et professionnelles, ou de se former soit à la surveillance, soit à l'administration hospitalière, ou bien à l'enseignement ou à la direction des Ecoles d'infirmières.

Durant les six dernières années, 18 élèves ont obtenu le Baccalauréat ès-sciences du soin des malades et 47 autres qui ont déjà passé un an à l'Institut y reviendront suivre les cours qui les feront, elles aussi, bachelières, quand elles auront terminé leur entraînement comme gardes-malades. 414 se sont inscrites pour divers cours détachés.

Récemment, l'Editeur du Journal avait le privilège de visiter l'Institut Marguerite d'Youville et d'y assister à une dissertation sur la matière et la construction d'un bon Programme d'études.

Les travaux présentés par les huit élèves lui ont paru si excellents qu'elle croit devoir en faire bénéficier nos lectrices de langue française. Avec la gracieuse autorisation de Mère Virginie Allaire, directrice de l'Institut Marguerite d'Youville, les dissertations seront donc partagées entre le présent

numéro du Journal et les suivants. Elles paraîtront en français, mais nous aurons soin d'y adjoindre un substantiel résumé en anglais.

Voici les compositions de Révérende Soeur Hermance Martel, s. g. m., qui esquisse le but général de l'éducation, et de Soeur Hébert, r.h., qui présente l'objectif de l'éducation professionnelle:

Le but de toute éducation complète: Avant de déterminer le contenu d'un programme d'études, il nous est absolument nécessaire de connaître le but à atteindre. Quoique nos écoles d'infirmières aient pour fin spéciale de préparer à une profession, nous ne sommes pas dispensés de donner à nos élèves une formation générale. Car, qui dit "école" dit institution d'éducation établie dans le but de développer la personne humaine en vue d'un plus grand rendement en ce monde et de la vie éternelle en l'autre. Il s'agit donc, à la fois, de développement physique, intellectuel et moral: triple éducation absolument fondamentale, sans laquelle l'accomplissement parfait des devoirs professionnels de l'infirmière serait impossible.

A son admission, on exige de l'aspirante une bonne santé qu'elle doit s'efforcer de maintenir. Son éducation physique doit aussi être continuée. La dextérité manuelle, une certaine vigueur musculaire, l'acuité des sens sont des qualités indispensables à l'infirmière. Le corps est l'instrument de l'âme et celle-ci accomplira d'autant mieux ses opérations qu'elle sera servie par un instrument plus parfait.

L'éducation intellectuelle est de première importance; elle l'emporte sur l'éducation physique dans la proportion où l'esprit l'emporte sur la matière. Notre profession exige des connaissances particulières qui doivent être basées sur une culture générale suffisante. Il ne faut rien négliger de ce qu'une infirmière doit savoir dans la pratique de sa profession; il faut la préparer à faire face à ses responsabilités futures en assurant à ses facultés intellectuelles un épanouissement parfait.

Enfin, comme dernière note fondamentale, il y a la dignité morale. Le terme seul indique qu'il ne s'agit pas de la pratique ordinaire de toutes les vertus chrétiennes, mais de leur pratique avec une certaine perfection. Les principales caractéristiques en sont la fidélité à Dieu, l'amour du devoir et le sens des responsabilités.

L'infirmière digne de ce nom ne doit donc pas connaître d'autre chemin dans l'action que celui du savoir et du devoir.

— Soeur H. Martel, s.g.m.

Le but de l'éducation professionnelle: Les considérations que l'on vient d'énoncer nous montrent d'une façon bien définie que dans un Programme d'études, quel qu'il soit, on ne peut ignorer le but de l'éducation générale, c'est-à-dire la formation complète de la personne humaine.

Il est vrai que dans une école d'infirmières l'idéal et la fin que nous nous proposons c'est la préparation professionnelle de l'élève, mais cette formation pour être adéquate comporte le développement personnel en même temps que professionnel de l'infirmière.

Puisque notre Programme doit préparer les étudiantes dans une sphère spéciale d'action, nous devons nous appliquer: (1) à donner une base scientifique solide; (2) à développer les talents et le savoir-faire: adresse, dextérité manuelle; (3) à lui inspirer un

idéal, c'est-à-dire à développer chez elle l'esprit de sa profession.

Le nursing est une science et un art. Une science dans l'ensemble de ses principes; un art dans son application. Et c'est par une conception intelligente du rôle que l'infirmière est appelée à remplir que nous atteindrons ce double but.

En réalisant le but de l'éducation professionnelle, nous formerons l'infirmière idéale telle que décrite par Boigelot.

"L'infirmière idéale, dit-il, doit être une valeur professionnelle, c'est-à-dire, elle doit être riche professionnellement, culturellement et moralement, utilisant tous les moyens permis pour se perfectionner toujours davantage. Une personne dotée de santé, de science professionnelle, sociale, psychologique, morale, de conscience, d'esprit d'apostolat; une collaboratrice intelligente, discrète et dévouée du médecin, une conseillère écoutée des familles, une personne apte à rendre mille services physiques, sociaux, moraux, religieux, enfin une personne qui passe en faisant le bien."

— Soeur Hébert, r. h.

(*à suivre*)

SUMMARY

By way of introduction, Sister Martel defines the triple aim of education, considered in its broadest sense and including its physical, intellectual and moral aspects. The specific purpose of a school of nursing is the preparation of the student for the practice of her profession. But this purpose can only be achieved if her whole personality is enriched and developed by sound teaching, enlightening experience and competent guidance.

Sister Hébert accepts the general principles outlined by Sister Martel and proceeds to apply them to professional education. The program of studies should be so organized and directed that full provision is made for (1) sound knowledge of the essentials of the underlying sciences; (2) ample opportunity for acquiring skill; (3) development of tact and good sense. Most important of all, teachers and students alike should seek to foster the spirit of nursing.

Why not Wear a Badge?

Dear Editor:

Has the Canadian Nurses Association a pin or badge? If not, why not? Particularly at this time of unrest a small neat button—good but not too expensive—to be worn on the coat lapel would serve as a valuable identification.

Allow me to say *The Canadian Nurse* grows bigger and better as times goes on. Married nurses! Everyone needs a hobby—why not make yours a frequent perusal of *'your* journal'—*The Canadian Nurse?* Too many of us with large families allow our interest in the nursing world to slip and yet I've a strong feeling that many a married nurse could add real material to the *Journal* if they only would. True, their outlook and position differs from that of the younger graduates and maiden sisters but there is never a day passes but some new thing turns up. May be we are out of general circulation but we are still doing private duty and public health work daily—therefore there is no reason to suppose that we need to be considered as having gone to seed.

(Mrs.) H. Cecil Hatherley, R.N.

R.C.A.M.C. Nursing Service Overseas

News directly from headquarters of the R.C.A.M.C. Nursing Service in England indicates that all units are extremely active. The Matrons and Sisters all say that their first Christmas in an Overseas Military Hospital was a great experience. Certainly they did not spare themselves but made every effort to bring happiness to their patients.

No. 4 Casualty Clearing Station have moved into their winter quarters, a house and huts, and hope soon to have 200 beds. Nursing Sister MacKay and Nursing Sister Jones, of No. 1 Neurological, were loaned to No. 1 General to arrange operating room equipment and came in for a really interesting experience which they dealt with spendidly. There was heavy bombing of a nearby city and the first night nearly 100 children were admitted from one children's hospital, followed the next night by as many more. These ranged in ages from two months to twelve years. The staff worked like Trojans. The tiny ones were rolled in the legs of pyjamas and the larger ones in coats. The Canadian Red Cross arrived the next day with many needed supplies. The orderlies looked after these children splendidly and when the English nurses arrived, still insisted they must carry on, and the children adore them. There is nothing new at No. 15 General, but a great deal of surgery is being done and all beds are full most of the time. No. 5 is also busy. No. 1 Neurological also has all available beds occupied and have many interesting cases. It is most satisfactory to see the Sisters measuring up so well and showing no signs of the nervous strain that a number of them have been under. All the Sisters for No. 1 General, as well as some reinforcements, have now safely arrived.

In the accompanying illustration is a picture taken in a hospital to which a number of children have been evacuated from the Birmingham area. Helping to take care of them are several Canadian Nursing Sisters, and other members of the staff of the R.C.A.M.C.

A Fine New Residence

A delightful reception marked the recent opening of the new wing of the Nurses Residence of the Grey Nuns Hospital in Regina, Saskatchewan. The Lieutenant-Governor of the Province took a leading part in this interesting ceremony and many distinguished guests were present. The new wing supplies ideal living accommodation for the student nurses, and also houses the School of Nursing unit and the offices of the staff. The teaching unit consists of class and demonstration rooms, a library, and offices for the superintendent of nurses and each of the two instructors. An extra room is available which will later be equipped as a laboratory.

Living accommodations provide for seventy single rooms each furnished with a bed, a combination dresser and desk, a study table and chair, a bedside table, and an easy chair. Each room is connected with the residence office through a signal system by means of which the occupant may be notified of telephone calls, or the arrival of visitors. There is a central linen room and ample provision for baths and showers. Sanitary arrangements include a clothes chute extending from the upper to the ground floor, and a dust chute connected to an automatic power suction, thereby preventing the escape of dust back into the halls.

The reception room on the main floor is attractively furnished and the style of this large room lends itself to the formation of four semi-circles of settees and comfortable chairs, which are more or less separated from each other by two fireplaces and two artistically decorated pillars. A combination radio and phonograph and a piano add much to the home-like appearance of this room. The furniture of two anterooms harmonizes with the general colour scheme of the reception room. A special convenience is an adjacent kitchenette, equipped with individual lockers where food may be kept for personal use. The office of the residence is situated near the main entrance and has several convenient features. There is a bulletin board, consisting of individual sections of etched glass, upon which notices and messages may be written. There is also a specially constructed door which provides a separate compartment for each nurse's mail. A pharmacy and service room has been placed next to two single rooms on the main floor which will be used as an infirmary.

The floors of the building are of terazzo throughout, with white tile along the walls. The windows are fitted so that they open inward, thus acting as deflectors and preventing drafts, or they may be raised on a graduated support. The radiators are set in a recess in the walls, to avoid loss of space. The walls of the main rooms are finished with sunflex covering in a pleasing shade of cream colour. A large trunk room is situated in the basement and there is a spacious tunnel which connects the residence with other hospital buildings. The southern portion of the new wing is only two storeys in height and provides an excellent sun roof which can be reached through both buildings.

In conveying the greetings of the University of Saskatchewan at the opening ceremonies, Dr. Stillwell, who is a member of the advisory council on policies affecting schools of nursing in Saskatchewan, outlined the three-year course in nursing, and also spoke of the five-year course provided by the University of Saskatchewan in conjunction with four other hospitals in the Prov-

ince, of which the Regina Grey Nuns Hospital is one. Dr. Stillwell emphasized the value of the longer course.

In providing this new wing the Sisters of the Community feel that a great step has been made in complying with the requirements recommended for schools of nursing in the Province.

Overseas Mail

Miss Eileen Flanagan has been kind enough to share some of her letters from overseas with the readers of the *Journal*. The first comes from Dame Ellen Musson, and is thoroughly characteristic of that dauntless spirit:

We are carrying on under difficulty, as you may imagine. Many hospitals have been damaged, but one is very proud of the way they have carried on and of the steadiness and pluck of some quite young nurses. Discipline tells in an emergency, and "patients first" is a principle which has a very steadying effect. I am, of course, too old for active work and can only carry on with necessary committee work for which my younger colleagues have no time to spare. You would, I am sure, learn with regret of the damage to 15 Manchester Square, which has housed nurses from so many countries.

Manchester has suffered severely during recent raids and great damage was done to the building of the Royal Infirmary. Nevertheless, the Matron, Miss Lucy Duff Grant, sends this cheering message:

We have suffered, and we can no longer use our beautiful Great Hall. But we had no casualties amongst staff or patients, for which we are very thankful.

Here is a message from Sister Ida Heaney, written on New Year's Eve, from the London Hospital:

I wish I could express all it means to us that you folk in Canada think and care for us as you do. All the parcels have arrived on time and are beautifully packed. I share with Catherine Walker and the other Night Sisters and it really gives us "luxury" meals, and the extra cup of tea so necessary to keep one awake. We are in for a tough time, but will weather the storm. Lighting is the worst problem, the electricity is always failing, and we have to work by candlelight and hurricane lamps. I prefer the former.

Any day now we expect a further "blitz" but by this time we are quite used to it and it will not worry us. One can only die once, and how better than on one's work. When the "blitz" is on it is quite exciting for the patients are very concerned for the nurses—and vice-versa! The whistle of a bomb is heard and the patient says, "Duck, nurse, quick!" The "ducking" business is amusing and rather amazing. Imagine in the middle of a dressing—Whizz! all go flat, then one just arises and continues. How can one keep dignified, flat on your tummy in full dress? Worse still is ducking in the muddy roads with one's only best suit. As yet I have dodged doing that and make for shelters which are numerous. All the same it's very laughable to see sedate people prone and so instead of being frightened we are amused.

We are carrying on the training of nurses, and they surely will have a varied one, for in the Sectors they meet all sorts of acute and chronic cases. The examinations go on as usual.

Our nurses at Dunkirk were wonderful, as were all others. Now many are off again to the East. How I envy them! Still, certain patients have to be looked after and they really are 'saints' so there is no need to seek a better field of nursing. Bunk houses have come to stay, I am sure. We have marvellous parties and "conversaziones", and it is all so compact and comfortable.

Obituaries

ANNA L. BRUCE died in Vancouver, British Columbia, on January 3, 1941. Miss Bruce was a graduate of the School of Nursing of the Vancouver General Hospital, and was a member of the Class of 1913. In recognition of her devotion to duty Miss Bruce went overseas in 1915 with the No. 5 General Hospital Unit, going from England to Cairo and then to Salonika, where she saw considerable service. After a serious illness she returned to England, and following her recovery, returned to duty at Ramsgate. She was decorated with the Royal Red Cross by King George V at Buckingham Palace.

ADA M. BYFIELD died on February 3, 1941. Miss Byfield was a graduate of the School of Nursing of the Royal Victoria Hospital, Montreal, and a member of the Class of 1898.

ELSIE BERTHA HART, who resigned last January as supervisor of Casa Maria, St. Joseph's Hospital, Hamilton, to offer her services for duty with the Canadian Active Service Force and was to have gone overseas with the 15th Hospital Unit of the R.C.A.M.C., died recently at the Toronto General Hospital.

Miss Hart graduated from the School of Nursing of St. Joseph's Hospital in 1935, and for some time was a member of the hospital staff. A capable and efficient nurse, Miss Hart was held in the highest regard by her superiors and leaves many friends among the nursing profession as well as in other circles. She had been particularly anxious to serve her country and her inability to carry out her plans was a grievous disappointment to her.

MRS. A. B. HAMILTON, a pioneer nurse of British Columbia, died recently in Vancouver. Mrs. Hamilton was a graduate of the Royal Jubilee Hospital, and had resided in Vancouver for forty-nine years.

ADA SYDAL died on December 11, 1940. Miss Sydal graduated from the University College Hospital, London, England, and came to Lethbridge in 1908. Except during the years when she served with the British Red Cross during the Great War of 1914-1918, Miss Sydal made her home and practised her profession in Lethbridge, Alberta. She will be greatly missed and sincerely mourned by all who knew her.

STUDENT NURSES PAGE

An Emergency Splenectomy

HELEN MARIE CARAHER

Student Nurse

School of Nursing, St. Joseph's Hospital, Hamilton

On a summer evening a group of us were visiting at the home of a student companion and, after enjoying ourselves in the manner of student nurses, we left in time to reach the residence by ten o'clock. As I turned for a last farewell, I slipped from the verandah steps and landed face downward, half in the flower-bed and half on the sidewalk. I was breathless for a few seconds, but thought all would be well when my normal respirations returned. However, I began to feel intense pain and sat on a chair, trying to subdue my groans and thinking how foolish I was to make such a fuss over a fall. We drove back to the residence, and I managed to walk in with assistance. I was ordered to bed, and achieved the climbing of the stairs by bending almost double to secure relief. A house doctor arrived, decided I had a fractured rib, and strapped it with adhesive. The pain was intense and suddenly I became nauseated.

Dark clouds seemed to be closing in on me and I fought desperately to keep my mind clear. I was seized with a great desire to get out of bed, and finally succeeded when left alone a few minutes. The room was swaying about me, but battling with the weakness and faintness overtaking me, I reached the door, where I was rescued before I fell. Then came the "black-out". My next recollection was of the doctor bending over me and questioning me. Between air-hungry gasps, I managed a few incoherent words and sank back into a semi-conscious condition. I could neither speak nor open my eyes, but my power of hearing seemed intensified. At this point, I was rushed to the hospital. Once installed there, I heard the surgeon order preparations for a phlebotomy and ask for novocaine. "Well", I thought, "I must really be sinking". Blood donors were sought and a transfusion started. I was annointed for death by the hospital chaplain, and felt that death was very near. I was prepared, however, and felt quite resigned.

I had no feeling in my arms or legs, but was aware of the sensation of being lifted to the operating room carriage. From this point, I'll take you to my chart, a synopsis of which shows admission temperature ninety-five degrees, pulse so rapid and thready that it was impossible to count. An infusion of glucose and saline was administered immediately, and blood donors were obtained for transfusion; 500 c.c. of citrated blood were then given, four such transfusions being required before the patient was in

a reasonable condition for laparotomy.

Concerning the laparotomy itself, I have no first hand knowledge. Judging from my abdominal wound and the surgeon's notes, a generous left rectus incision was made, through which a large amount of blood escaped from the peritoneal cavity. This blood came from a rent in the spleen, which was ruptured as a result of my accident. As rapidly as possible, the organ was removed and the abdomen closed, the entire operation requiring thirty minutes. Following the operation, there was a moderate degree of shock, which responded to another 900 c.c. of citrated blood donated by two fellow nurses.

My recovery was uneventful and uninterrupted, lasting a period of three weeks. I shall always be grateful for the privilege, which every student nurse shares, of having the best medical attention and nursing care: to this I owe my life.

The A.R.N.P.Q. Annual Meeting

The twenty-first annual meeting of the Association of Registered Nurses of the Province of Quebec will be held in the ballroom of the Ritz Carlton Hotel, Montreal, on April 17 and 18, 1941. Plans are well under way, good weather is undoubtedly assured, and a large attendance is anticipated. The program committee is planning to make this meeting as useful and inspiring as possible, taking into consideration the special and urgent needs of these strenuous and serious times, Business will be snappy and to insure this, reports will be reproduced for distribution, and will of course be available in both languages.

During the opening session, on the afternoon of April 17, the *pièce de resistance* will be á demonstration by the St. John Ambulance Brigade showing the way they propose to handle casualties during an air raid. This demonstration will be repeated during the evening session on the same day. Educational films will also be shown during these sessions, the selection of which has not been definitely completed as yet.

The usual regular session for Religious Sisters will be held on the morning of April 18 at Hôtel-Dieu de St. Joseph. Plans are being arranged by the Hospital and School of Nursing Section, under the chairmanship of the Rév. Soeur Hébert in co-operation with our French vice-president, the Rév. Soeur Valérie de la Sagesse.

Many suggestions regarding the features for the second afternoon session are being considered. The Premier of our Province, the Hon. Adelard Godbout, has graciously accepted an invitation to address the Association during the closing session on the evening of April 18 and, if affairs of state permit, will be with us on that occasion. It is confidently expected that other outstanding speakers will also take part in the program. A more detailed announcement will appear in the April issue of the *Journal*.

E. Frances Upton,
Executive Secretary, A.R.N.P.Q.

How to Roll Your Own

This is the time of year when annual meetings are looming up and program committees are poring over their official agenda. Soon the clans will be gathering, banquets will be spread, and the golden voices of guest speakers will be heard in the land. Whether your organization is a great Provincial affair, or a relatively small Alumnae Association, its annual meeting offers a grand opportunity to *Canadian Nurse* representatives.

A *Canadian Nurse* exhibit, or even a special table, is always popular and instructive. Believe it or not, it can also be quite entertaining. Do you remember the famous puppet show, sponsored by the Registered Nurses Association of Ontario, which later appeared at the biennial meeting of the Canadian Nurses Association in Halifax? If you were in Calgary last summer, you must have been intrigued by the ingenious exhibit prepared by *The Canadian Nurse* committee of the Association of Registered Nurses of the Province of Quebec. This also went "on the road" and, after showing in Moncton, New Brunswick, went down to the sea in a ship and is now touring Newfoundland.

At first sight, such projects might seem too ambitious for a small association to undertake. In reality, however, they are neither expensive nor elaborate and would be almost as effective if planned on a smaller scale. By way of illustration, here are excerpts from suggestions recently sent to the R.N.A.O. District where the provincial annual meeting is soon to be held.

Position: The exhibit should be given a place of its very own, apart from other educational or commercial exhibits. Preferably it should be reasonably near the general registration desk or, if that is not possible, it might be placed in the room where the meetings are held. In the accompanying photograph, it will be seen that the Calgary exhibit was placed against a most attractive background, and that there was room enough between it and the wall for *The Canadian Nurse* representatives to stand or sit behind it.

General Set-up: The set-up was very simple. Bridge tables were utilized because they can be easily moved about to fit into the available floor space. Cardboard placards, supplied with easel supports, were placed upright on the bridge tables. The cardboard was a warm buff colour and formed an excellent background for the copies of the *Journal* which were fastened to each placard. The lettering was done by hand in "Journal blue" and told briefly what each placard was about. On the top left-hand corner of each placard there was a closed copy of the magazine which showed the really beautiful front covers which have been a feature of recent months. The two other copies of the *Journal* which appear on each placard belonged to the same issue as the "cover copy", and were opened at some particularly interesting article. On the table in front of each placard was a loose copy of the corresponding *Journal* which, as you will see in the photograph, was picked up and examined by interested visitors. In addition, folders were prepared demonstrating how a series of articles might conveniently be clipped from the *Journal* and kept for reference.

Miniature exhibits were arranged on each table in front of the placards. On one table there was a complete model of a ward in the rheumatism pavilion

Photo by Viola Leadlay, Reg. N.

really excellent handwork done by the nurses who prepared it, and the amusing and striking slogans. In other words, it was brains and clever fingers that counted — not money.

How can your Association go about it? The way to prepare a really vital and interesting exhibit is to "roll your own" and to use as much local colour as possible. There is no need to make the exhibit as large as it was in Calgary, a single table can be made to look very attractive. Your local schools of nursing can be encouraged to prepare posters. In other words, use your own ideas and make the project truly original. You will be surprised to find what a good time you will have, and how easy it will be to get help from nurses who previously knew little about our national *Journal*.

The whole success of the exhibit depends to a great extent on having a good team to look after it once the meetings are in session. Unless there is someone who can explain the exhibit, answer questions about the *Journal*, and take subscriptions, you will not get a full return for your hard work. It is especially important that someone should be on duty for at least half an hour

of the Children's Memorial Hospital in Montreal which had been the subject of an article in the Journal. On another table, was a snow scene illustrating "Nursing on the Gaspe" — an article on pioneer public health nursing which had created a great deal of interest. Excellent posters, prepared by various schools of nursing in the Province of Alberta, illustrated the use of the Journal for student nurses. These were tacked to the front of the tables.

How the exhibit was made: Now that you have an idea of the content and arrangement of the exhibit as a whole, perhaps you would like to learn how it was made and how it was financed. The main part of the exhibit was prepared for the annual meeting of the Association of Registered Nurses of the Province of Quebec, under the direction of Miss Madeleine Flander, chairman of the provincial *Canadian Nurse* Committee. The only expense involved was the cost of the cardboard for placards, and the material used in the miniature exhibit. Everything (except the placards) was bought at Woolworths, and the A. R. N. P. Q. met the small expense involved. The beauty of this exhibit was due to the

before and after each sesssion. It is at this time that nurses have time to look at the exhibit and to get the benefit of it. When no one is in attendance the exhibit should be carefully covered up. Sad experience has shown that the dainty little models are sometimes carried off as souvenirs.

One word more, the *Journal* cannot undertake to prepare exhibits because we have neither the time, nor the people to do it. In any event, such an exhibit would not really be your own and would not have nearly so great an appeal as something which you have made for yourselves.

Book Reviews

Child Care and Training, by Marion L. Faegre, assistant professor of the Institute of Child Welfare at the University of Minnesota; and John E. **Anderson,** director of the Institute of Child Welfare at the University of Minnesota. Fifth edition, revised. 320 pages. Illustrated. Published by The University of Minnesota Press, Minneapolis, Minn. Price, $2.50.

With the appearance of the fifth edition, this book continues to hold its place near the top of the pile of text books that should be on the shelves of every Training School for Nurses. No radical changes have been made but the material generally has been added to here and there, and brought up-to-date. The authors show a thorough knowledge of the fundamentals behind the growth and development of children as well as a first hand practical familiarity with the problems that confront anyone concerned in guiding that growth and development. Throughout the book the physiological background for child behaviour is emphasized and the reader is continuously urged to look behind problems as they arise with a critical and enquiring attitude. Thus it is, as it should be, in the long run, a study book.

The arrangement of the subject matter is good. Each chapter ends with a list of questions concerning the material that has been dealt with. These take the form of brief case studies and serve as stimulating subjects for any group using this as a text book. Of equal value is each chapter's list of references to books and pamphlets for further study. To present as complicated a subject as this with a background of physiology, psychology and sociology in a simple, direct style, avoiding terms not generally understood, has obviously been the goal of the authors—a goal which they have for the most part achieved.

ALAN S. ROSS, M.D., C.M.,
Associate Physician,
Children's Memorial Hospital, Montreal

Let's Talk About Your Baby, by H. Kent Tenney, M. D., associate professor of pediatrics, University of Wisconsin. Published by The University of Minnesota Press, Minneapolis. 115 pages. Illustrated. Price (in American funds), $1.00.

This handbook, written in an amusing and popular style, is intended as a guide for young mothers. To quote the words of an eminent pediatrician, "it is a conversational *vade mecum* that accompanies the mother from month to month along a simple, forward path, anticipating and answering just those questions that come to every intelligent mother about her baby at different ages." The desirability of breast feeding is strongly emphasized and practical commonsense advice is given with regard to supplementary feedings and formulae in general. Simple growth and weight charts are provided, but no attempt is made to set up arbitrary standards. The author's psycholo-

gical approach may best be summed up in his own words: "You and your baby are going to live together for a good many years, so for Heaven's sake get some pleasure out of it. Take your job seriously, of course, but don't let it get you down. The care of a baby can be made simply a slavish adherence to a routine, whereas it really should be a constant source of enjoyment with a minimum of worry thrown in."

Dietetics Simplified, the use of foods in health and disease. By L. Jean Bogert, Ph. D., Professor of Food Economics and Nutrition at the Kansas State Agricultural College; and Mame T. Porter, M.A. Second revised edition. 725 pages. Illustrated. Published by The Macmillan Company of Canada, St. Martin's House, Toronto. Price, $3.00.

During recent years the whole field of dietetics has expanded enormously and, in revising this text, the authors have paid special attention to newly discovered facts concerning the functions of vitamins and have added some new and valuable tables on the nutritive values of foods. Part One and Part Two deal with elementary nutrition and diet under normal conditions. Part Three is devoted to a discussion of diet therapy, and includes a good chapter on diabetes. Part Four consists of outlines for fifteen laboratory lessons in ordinary cookery, and Part Five presents laboratory projects related to diet in disease.

O.N.S.A. News – letter

"We are pleased to forward our contribution towards the O.N.S.A. united war effort and if more is needed later we will be glad to do our share". Such is the message received from a Unit in Manitoba and we believe this sentiment will be voiced by all our groups from coast to coast.

In November last, acting upon the recommendations received from the Calgary and Winnipeg Units, that as veterans of the Great War we could and should offer some useful gift which would assist our country's war effort, we spread the happy thought among our entire family and it was accorded approval. Several suggestions as to what form our gift might take were subsequently received and on January 28 the executive committee after careful deliberation, decided that we should raise a sum of money immediately and forward it to the Fund, established and administered by the Royal College of Nursing, for civilian British nurses who have suffered so severely because of enemy air-raids. Those who were privileged to read the editorial in the Christmas number of the *Nursing Times*, which contained so eloquent an appeal, will realize where our inspiration came from, and so our plan has been launched and is well under way. Our sisters of the Winnipeg Unit have pledged themselves to raise a specific sum and the members of the Montreal Unit have followed suit. We have set March 15 as the "deadline", believing that the need is very urgent and therefore our gift will be as generous as we can make it.

With annual meetings following closely upon the heels of Christmas activities, we are learning of more old friends who are relieving others of the burdens and responsibility of office; and as space will not permit us to list the names of all of them (we are seventeen units you know) we are giving herewith the name of the president and secretary of each unit as they are known to us at this time: *Brandon*, Mrs. Robert Darrach, president; *Calgary*, Miss Eleanor McPhedran, president, Miss Emma Hoskyn, secretary; *Edmonton*, Mrs. John Turner, president, Mrs. Robert Lees, secretary; *Hamilton*, Miss Mildred Cowan, president, Mrs. E. Turner, secretary; *Halifax*, Miss Marion Haliburton, president, Mrs. W. Feindal, secretary; *Kingston*, Miss Louise McDonald, president, Miss Olivia M. Wilson, secretary; *London*, Mrs. C. Wilson, presi-

dent, Miss Alice W. Dawe, secretary; *Montreal,* Mrs. H. M. Mawhinney, president, Mrs. H. L. Currie, secretary; *Ottawa,* Miss Gertrude Halpenny, president, Miss Mabel Hamilton, secretary; *Regina,* Mrs. S. R. Parker, president, Miss L. Lynch, secretary; *Saint John,* Mrs. G. E. Barbour, president, Miss Mary Barnhill, secretary; *Saskatoon,* Miss Margaret McGill, president, Mrs. G. W. Parker, secretary; *Toronto,* Miss Mary Sunley, president, Mrs. T. A. James, secretary; *Vancouver,* Miss H. Stark, president, Miss K. Panton, secretary; *Victoria,* Mrs. S. Cave, president, Miss M. McBride, secretary; *Windsor,* Miss A. Hicks, president, Miss Ida Bull, secretary; *Winnipeg,* Mrs. G. M. Hamblin, president, Mrs. J. D. Moulden, secretary.

The Executive Committee of the O.N.S.A. of Canada, which serves as the instrument which binds all units into one family, extends best wishes to officers and members of each of these and assures them of our fullest possible co-operation at all times. Letters and cards bearing appreciation for Christmas greetings have been received from many, among the most cherished of these being a friendly letter written by the Prime Minister of Great Britain in his own home on Christmas Day.

E. FRANCES UPTON,
Secretary-Treasurer, O.N.S.A.

Victorian Order of Nurses for Canada

The following are the staff appointments to the Victorian Order of Nurses:

Miss Elizabeth Adams has been appointed to the Montreal staff. Miss Adams is a graduate of the four-year course in public health nursing at the School of Nursing, University of Toronto.

Mrs. Debeau (née Lemon) has been appointed temporarily to the staff in Peterborough, Ontario. Mrs. Debeau was formerly nurse-in-charge of the branch in Brockville.

Miss Jeanne LaBrosse has been appointed to the Peterborough staff. Miss LaBrosse was formerly on the staff at Sudbury, Ontario, but has spent the past two and a half years at the New Jersey Orthopedic Hospital in Orange, New Jersey.

Metropolitan Life Insurance Company Nursing Service

Miss Angele Doyon (Drs. Normand & Cross Hospital, Three Rivers, 1930, and University of Montreal public health nursing course) has been transferred back to the Quebec City nursing staff. In November, Miss Doyon was transferred from Quebec City to Montreal.

Miss Therese Gagnon (St. Joseph Hospital, Rivière du Loup, 1930, and University of Montreal public health nursing course) has resigned from the Company's service for personal reasons.

Miss Yvonne Robillard (Ste. Justine Hospital, Montreal, 1925, and University of Montreal public health nursing course) has resigned from the Company's service to be married.

At the recent Quarterly Meeting of the Montreal Metropolitan Nurses Association, Miss Rosanne Lalande presided. The guest speaker, Miss Emma Rocque, local field supervisor, presented a comprehensive and interesting summary on human relationships as a problem in a public health program. This conference was much appreciated by all those present.

NEWS NOTES

ALBERTA

EDMONTON:

The first annual meeting of Edmonton District, No. 7, Alberta Association of Registered Nurses, was held on January 14. Miss Ida Johnson was re-elected chairman. Other officers elected were the following: first vice-chairman, Miss Catherine Clibborn; second vice-chairman, Sister Mayer; secretary, Miss H. Bamforth; treasurer, Miss E. Porritt; committee conveners: program, Miss E. Cushing; membership, Miss M. Dennison; representatives to: local council of women, Miss V. Chapman; Edmonton council of social agencies, Miss H. Keeler; *The Canadian Nurse*, Miss E. Perkins.

The chairman's report, presented by Miss Ida Johnson, and that of the secretary by Miss C. Clibborn, revealed that 488 nurses are actively engaged in the Edmonton District, which was organized in January 1940, and extends from Jasper to Cold Lake, and from Athabaska to Millet. Other reports showed that during the year a registry for private duty nurses had been re-organized, a card index system instituted, and an advisory board to the registry formed.

Miss Blanche Emerson, convener of the Edmonton Committee which conducts classes in home nursing for the Alberta Red Cross Society, reported that 270 women had taken classes and 40 graduate nurses had been responsible for the instruction. Mrs. Adele MacKay, the registrar, said that the registry had provided for registration of practical nurses and that the arrangement was proving satisfactory. It was announced that the annual convention of the Alberta Association of Registered Nurses will be held in Lethbridge on April 14 and 15.

Edmonton General Hospital:

The following officers have recently been elected to serve during the coming year by the Alumnae Association of the Edmonton General Hospital: Honourary presidents, Rev. Sister Margaret O'Grady, Rev. Sister Florence Neuhausel; president, Mrs. Ross McKee; first vice-president, Miss E. Beitsch; second vice-president, Mrs. A. Mitchell; secretary, Miss B. Holden; corresponding secretary, Miss J. Slavik; treasurer, Miss E. Carbol; committees: standing: Mrs. R. Price, Miss G. Quilichini, Miss D. Peterson, Miss M. Munroe, Miss M. Nelson; visiting: Miss M. Acker, Miss R. Chickloski; private duty, Miss M. Ryan.

LETHBRIDGE:

The Alberta Association of Registered Nurses, District No. 8, recently held a banquet and dance at which the graduating class of the Galt Hospital, Lethbridge, were honour guests. There were sixty-four members present and the event was a decided success.

Married: Recently, Miss Margaret Dempster (General Hospital, Saskatoon) to Mr. David Laurie.

Married: Recently, Miss Melba Adean Bennett (Galt Hospital, Lethbridge) to Mr. R. G. Meyerhoffer.

RED DEER:

The annual meeting of District 6, A.A.R.N., recently took place in Red Deer. The following officers were elected to serve during the coming year: President, Mrs. H. E. Duggan, University Hospital, Edmonton; vice-president, Miss Lyla Tompsett, Edmonton General Hospital; secretary-treasurer, Miss Bernice Barrett, University Hospital, Edmonton; committee conveners: Mrs. R. Whyte, Medicine Hat General Hospital; Mrs. F. P. Galbraith, Royal Alexandra Hospital, Edmonton; Miss M. Smith, St. Boniface Hospital. Very interesting films and a talk were given by Captain Storey on "A Trip to England". A social hour followed.

BRITISH COLUMBIA

VANCOUVER:

The Vancouver Graduate Nurses Association recently held its annual meeting at St. Paul's Hospital. The reports of the various committees showed a year of interesting activities. The following speakers throughout the year added much to our knowledge and inspiration in the specific subjects which they presented: Dr. H. Spohn, "Medicine and Nursing through the Years"; Dr. W. Prowd, "Recent Efforts in Cancer Control"; Dr. H. Baker, "Preventive Medicine Up-to-Date"; Mr. C. E. MacDonald, "Education of the Deaf and the Blind", illustrated by two movie films; Sister Columkille, "Body Defenses against Disease"; Miss A. Reid and Miss S. McQuarrie, "Oxygen Administration".

In a special effort to contribute to the Red Cross, a bridge-tea was held which enabled the Association to turn in $100. to the War Chest. Extra funds were also

donated to Christmas cheer for soldiers' families. Special classes for nurses in St. John Ambulance and A.R.P. work were organized and are continuing throughout this year. A detailed report from the committee on the Nursing Bureau showed considerable work had been done, including the drafting of application forms and reference requirements for the placement of nursing home-aids. Particular care was taken to safeguard the interests of the patient and to maintain the standards of the Bureau.

The following officers were elected for the 1941 term: President, Miss J. E. Jamieson; vice-presidents, Miss F. McQuarrie, Miss F. Kirkpatrick; secretary, Miss M. Buchanan; treasurer, Miss M. Mirfield; press, Mrs. F. Engley; local council of women: Miss M. Campbell, Mrs. DeSatge; program, Miss A. Reid; visiting, Miss L. Drysdale; ways & means, Miss E. Paulson; *The Canadian Nurse*, Miss G. Conquest; directory, Miss M. Gray; councillors: Miss M. Motherwell, Mrs. B. Melville, Miss M. Henderson, Miss L. Dodds, Miss K. Lee.

Dr. Charles W. Clarke, executive director of the American Social Hygiene Association, New York, recently visited Vancouver and gave a vigorous send-off to the Social Hygiene Day initiated by Greater Vancouver Health League. He addressed a dinner meeting under the auspices of the League and later spoke over the radio on "The Citizens' Duty Toward Social Diseases". A survey, in co-operation with the Junior Board of Trade, is being made by the league to determine what the public knows and thinks about venereal disease. Ten thousand questionnaires have been distributed to sample public opinion, and a study is being made by the Health League of cases under treatment in Vancouver. There is to be an intensification of educational work to reach a larger proportion of the population by lectures, films, and literature.

St. Paul's Hospital:

The following officers have recently been elected to serve during the coming year by the Alumnae Association of St. Paul's Hospital: Honourary president, Rev. Sr. M. Philippe; honourary vice-president, Rev. Sr. M. Columkille; president, Mrs. C. Melville; vice-president, Miss B. Gebbie; secretary, Miss C. Connon; registrar, Rev. Sr. M. Columkille; assistant registrar, Miss M. Dinahan; treasurer, Miss H. Conway; committee conveners: social, Mrs. Chambers; program, Miss O. McDaniels; press, Miss B. Parlow; visiting, Miss K. Flahiff; sick benefit, Miss E. McGee; representative to V.G.N.A., Miss M. McLaughlin; representative to *The Canadian Nurse*, Miss F. Marsh.

SALMON ARM:

The Salmon Arm Hospital has completed a fine addition to the present building. The official opening will be held on Hospital Day in May when provincial officials will be present.

Married: Recently, Miss Joan Hayter Crickmay (Royal Columbian Hospital, New Westminster) to Mr. Ian MacQueen.

Married: Recently, Miss Lenora Minnie Kilvert (Nicola Valley General Hospital, 1936) to Mr. J. A. Thorburn.

Married: Recently, Miss Eleanore Aileen Moore (V.G.H., 1938) to Mr. Roy F. Begg.

Married: Recently, Miss Mary Isabelle Vance to Mr. Donald R. Hadley.

MANITOBA

BRANDON:

The attendance at the regular monthly meetings of the Brandon Graduate Nurses Association is exceedingly better than the past year, and much more interest is shown in the work done by the organization. The married nurses, who are members of the Association, have formed a club and meet once a month. They are doing considerable work for the Red Cross and are renewing former acquaintances with old members. The nurses have a regular day at the Red Cross Headquarters and do odd jobs as well as their usual knitting.

Miss Jean Evans (Brandon General Hospital, 1937) has returned from Rochester and is taking a post-graduate course in X-ray at the Winnipeg General Hospital. Two former graduates of our Hospital in the persons of Miss Margaret Keynes and Miss Ruby McSorely are now stationed with the R.C.A.F. in Saskatoon. Dr. J. A Findlay recently addressed our group, his topic being new drugs.

WINNIPEG:

Children's Hospital:

The following officers have recently been elected to serve during the coming year: Honourary president, Miss E. Mallory; president, Miss H. Hahr; first vice-president, Miss B. Irwin; second vice-president, Miss M. Reid; treasurer, Miss B. Thain; corresponding secretary, Miss E. Young;

recording secretary, Miss B. Andrews; committee conveners: program, Mrs. A. Robson; ways and means, Miss M. Smith; visiting and Red Cross, Mrs. D. Morrison; membership, Mrs. G. Cummings; news editor, Miss D. Still.

Recent appointments include the following: Miss Barbara Thain as supervisor of operating room, C.H.W.; Miss Betty Irwin, as assistant operating room supervisor, C.H.W.; Miss Orpha McCullough as X-ray technician, C.H.W.; Miss Helen Stephanson as assistant night supervisor, Worrall Hospital, Rochester; Miss Lillian Syme, to the staff of the Crippled Children's Hospital, Vancouver; Miss Jean Miller, to the staff of the Infants Hospital, Vancouver. Miss June Jaques is taking a post-graduate course in surgery at the Winnipeg General Hospital. Miss Margaret Douglas and Miss Marguerite Drysdale are both at the R.C.A.F. Hospital Unit at Brandon, Manitoba.

Married: Recently, Miss Elizabeth Cross to Mr. George Alexander Butcher.

Married: Recently, Miss Margaret McGregor to Mr. Benjamin Mayer.

Married: Recently, Miss Ellen Goodman to Mr. Wm. Campbell.

Married: Recently, Miss Isla Inerach to Mr. Philip Penner.

Married: Recently, Miss Wylma Kennedy to Mr. Lowell Burnison.

NEW BRUNSWICK

MONCTON:

The regular monthly meeting of the Moncton Chapter, N.B.A.R.N., was held recently with the president, Miss Hillyard, in the chair. Routine business was discussed. Nurses are actively engaged in making refugee clothing, under the excellent leadership of Miss Myrtle Kav. Miss Vida Atkinson was appointed convener of the fund for cigarettes for the Moncton boys on active service overseas. Miss Myrtle Stewart was appointed convener of the knitting committee. As a program, the members heard Mrs. Muriel Walker speak on war conditions in England. Mr. Walker, general chairman of the Moncton War Savings Committee, spoke to the nurses, outlining the plan of war savings in an interesting manner. A committee was appointed to take action in the matter of war savings in the local chapter.

NOVA SCOTIA

HALIFAX:

The regular executive meeting of the Registered Nurses Association of Nova Scotia was held recently at the Halifax Infirmary. Mr. H. P. Moffatt, assistant superintendent of education for the province, spoke to the members on the present required subjects for a grade eleven certificate. Considerable discussion followed and it was suggested that the executive send a notation of the subjects most useful to a prospective nurse to the Department of Education to be published in their journal in April, 1941. Mr. Moffatt felt that a more definite stand should be taken by the R.N.A.N.S. regarding the subjects, and that some might be made compulsory.

HALIFAX BRANCH, R. N. A .N. S:

A meeting of the Halifax Branch was held recently in Victoria General Hospital. Miss Jane Hubley, the president, presided. About 60 members were present. The meeting opened with a business session, and the speaker of the evening was Hon. Capt. S. Buchanan Carey, Chaplain, C.A.S.F., who gave an inspiring talk on courage as he has met it in the everyday man in uniform, and in women of the nursing profession. Miss Elizabeth Duff rendered some vocal solos. Refreshments were served and the meeting closed with an informal sing-song around the piano, with Capt. Carey as accompanist.

A second St. John's Ambulance Course in first aid has been organized for members of the nursing profession. A total of sixty enrolled for the first class, thirty of whom were senior students of the three Halifax schools of nursing. It has been stressed that all graduating students secure the certificate during their final year.

Married: Recently, Miss Irene Bennett (H.C.H., 1938) to Mr. William Shaffner.

HALIFAX, V. O. N.:

The regular monthly meeting of the Victorian Order of Nurses was held recently, with Mrs. Dennis in the chair. The report of the nurses' work for December showed the heaviest month for medical work for years, due to an unusual number of cases of influenza and pneumonia. A total of 2,237 visits were made.

Miss Isabelle Morton has joined the staff of the Halifax branch of the V.O.N. She is a graduate of the Halifax Children's Hospital, and has studied public health nursing at the School of Nursing, University of Toronto.

CUMBERLAND BRANCH, R.N.A.N.S.:

The Cumberland Branch, R.N.A.N.S., has built their program around the three

sections, each section being responsible for so many programs. The hospital and school of nursing section is using the supplement to the Proposed Curriculum—the improvement of nursing education in the clinical field—as well as other relevant material.

Our Alumnae is now in the second year of its existence. This present year our meetings are combined—social and working for the Red Cross. Because the majority of the Alumnae members are active in the Cumberland Branch, we do not have refresher courses. The president is Miss K. Fraser, and the secretary-treasurer is Mrs. Wm. MacSephney.

Glace Bay:

The Cape Breton branch of the Registered Nurses Association of Nova Scotia met at St. Joseph's Hospital recently with the president, Miss R. F. MacDonald, in the chair. The advisability of forming an auxiliary nursing corps was discussed. A shortage of nurses was foreseen as the inevitable result of the war, and one way to meet this condition is by the organization of such a unit. It was felt that the subject needed careful consideration and discussion before the Registered Nurses Association assumed such responsibility, so a committee was chosen to go into the matter thoroughly.

A news digest of matters of interest in the Canadian nursing field was given by the president. Sister Mary Peter reported on several matters pertaining to education. Mrs. Alex MacDonald, of New Waterford, reported on private duty activities.

Miss Olive MacPhee, in the public health report, spoke of the importance of immunization of children against diphtheria and the spreading epidemic of influenza, and also reported several new appointments to public health posts in the province.

After adjournment the members were entertained by a well-conducted debate by seven pupils of the training school at St. Joseph's Hospital. The subject was "The World is Improving" and Miss Nancy MacKeough was conductor. Miss Eileen MacMullin was leader of the affirmative side, while Miss Bridget Bates led the negative side. The judges were Miss M. Martin, Miss Hazel MacDonald, and Miss R. F. MacDonald. A social hour followed.

Miss Abbie Beaton is now on active service with the R.C.A.M.C., and is stationed at the Cogswell St. Hospital, Halifax. Miss Donalda Haymen resigned her position at the Glace Bay General Hospital to become dietitian with the No. 7 Hospital Unit at Debert, N. S. The vacancies caused by these enlistments have been filled by Miss Florence Travis, and Miss Beulah Kerr, of Glace Bay and Sydney respectively.

Miss Ethel Billard, Glace Bay, has left for Toronto to take a post-graduate course in operating room procedure at St. Michael's Hospital.

Sydney:

A meeting of the directors and instructors of the Hospital Schools for Nurses in Nova Scotia was held recently in the City of Sydney Hospital. The following were present: Sister M. Camillus, Sister Catherine Gerard, Miss L. D. Grady, Halifax Infirmary; Miss R. G. Fidler, Grace Maternity Hospital, Halifax; Miss H. E. Joncas, Victoria General Hospital, Halifax; Miss J. A. McCann, Children's Hospital, Halifax; Miss C. M. McLean, Nova Scotia Hospital, Halifax; Miss M. Archibald, All Saints Hospital, Springhill; Mrs. MacEachern, Aberdeen Hospital, New Glasgow; Miss A. Martin, City of Sydney Hospital, Sydney; Miss F. MacDonald, City of Sydney Hospital, Sydney; Sister Mary Augustine, Hamilton Memorial, North Sydney Hospital; Miss R. MacDonald, Glace Bay General Hospital; Sister Paul of the Cross and Sister Mary Peter, St. Joseph's Hospital, Glace Bay. The excellent roll call speaks for itself.

Many discussions on problems of interest to all present took place. The aim is to work this year for uniformity in our Schools for Nurses, especially in the following: educational requirements of applicants; length of preliminary term; curriculum; school records. To aid in making this uniformity possible we are asking for an inspector for our schools; a change in our "Art"; a course for our supervisors; a spirit of co-operation. Miss Rhoda MacDonald, in her own practical and excellent way, told us about the origin and growth of the University of Toronto School of Nursing, and following this enlightening talk Miss MacDonald acted as leader of a question and answer round-table discussion at which the University School of Nursing and the Hospital School of Nursing were analyzed from every angle.

A social hour followed, and some of the Halifax instructors visited St. Joseph's School for Nurses in Glace Bay before returning home.

New Glasgow:

Aberdeen Hospital:

The first annual meeting of the Alumnae Association of the Aberdeen Hospital, which took the form of a banquet, was held recently and was an enjoyable and successful func-

tion. There were thirty-three members present with the president, Mrs. Howard Cantley, mistress of ceremonies. The guests of the evening were Miss Mary I. Crossman, superintendent of Aberdeen Hospital; Dr. R. M. Benvie of Stellarton, the speaker of the evening; and Mrs. Benvie and Mrs. S. S. MacDonald, who rendered musical selections. Before partaking of the excellent dinner all joined in singing "O Canada". Later Mrs. Cantley proposed the toast to the King and Mrs. Benvie and Mrs. Mac Donald accompanied the singing of the hearty response. Mrs. Benvie gave an interpretation of many violin selections, accompanied by Mrs. MacDonald. Mrs. Cantley, who has held the office of president since the Association's inception in April 1940, reported on the activities of the Association which owes its being largely to the efforts of Miss Marion P. Boa, former superintendent of the Hospital. Mrs. Cantley then introduced the speaker, Dr. Benvie.

Dr. Benvie gave an informative and entertaining talk on facts he had gleaned from the book "Through Forbidden Tibet." Dr. Benvie was thanked by Miss Mabel Grant. Flowers were presented to Mrs. Benvie by the Association.

The vice-president, Mrs. J. I. Cumming, spoke briefly for her fellow members in appreciation of the president's capable work which accounted for the success of the Association. Mrs. Cumming also expressed regret at the absence of the secretary, Mrs. R. A. Douglas, who was ill, and paid a tribute to her contribution to this success involving as it did a great deal of correspondence. The treasurer, Mrs. A. Edison Fraser, and the acting-secretary, Mrs. J. C. Ervin, also paid tribute to Mrs. Douglas' good work. The evening closed with the singing of the National Anthem.

The following officers were elected to serve during the coming year: Honourary president, Miss Nina Grant; president, Mrs. Howard Cantley; vice-president, Mrs. James Cumming; secretary, Mrs. Robert Douglas; treasurer, Mrs. Edison Fraser.

Valley Branch, R. N. A. N. S.:

Meetings have been held regularly in Middleton, Annapolis, Berwick, Wolfville, and Kentville. The sixth annual meeting of the Branch met at the Blanchard Fraser Memorial Hospital, Kentville. Miss A. E. Richardson, president, was hostess at a birthday party. The members dressed as children and games and contests were greatly enjoyed.

At the January meeting which was held at Eastern Kings' Memorial Hospital, Wolfville, Dr. M. R. Elliot gave a very interesting demonstration and talk on the use of the electro-cardiograph.

A number of nurses meet weekly at the Nova Scotia Sanatorium, Kentville, to do Red Cross work and a large quantity of knitted articles have been made.

Recent appointments of nurses to R.C.A.M.C. nursing service have been received by Misses Jean McInnis, Doris Salton, Grace Knox, Vivian MacRae, Helen Chisholm, Selina Street, and Mr. Ernest Boudreau and Mr. Aubrey Manley.

Married: Recently, Miss Jean Madden (Yarmouth Hospital, Yarmouth) to Mr. G. Marshall.

Married: Recently, Miss Mary J. Cross (Weyburn General Hospital, Sask.) to Mr. S. W. MacGinnis.

Married: Recently, Miss Elizabeth Melanson (Yarmouth Hospital, N.S.) to Lieut. Eric Clarke.

ONTARIO

District 1

Chatham:

St. Joseph's Hospital:

The annual meeting of the Alumnae Association of St. Joseph's Hospital was held recently, when the officers for the coming year were elected. The annual reports were read and proved that the Alumnae Association had had a very successful year. The lectures suggested by Miss Walker, convener of the committee on emergency nursing service, which are being conducted by Dr. Walter F. Charteris at the Hospital, have commenced. The annual banquet of the Association was planned under the leadership of Miss Hazel Gray and Miss Evelyn Cadotte. Plans have also been made for the members of the Association to meet once a week for the purpose of knitting and sewing for the Chatham branch of the Red Cross.

Districts 2 and 3

Galt:

Galt Hospital:

The following officers have recently been elected to serve during the year by the Alumnae Association of Galt Hospital: President, Mrs. E. D. Scott; vice-president, Miss Hazel Blagden; secretary, Mrs. A. Bond; treasurer, Mrs. W. Bell; committee conveners: social, Miss Claire Murphy; press, Mrs. J. M. Byrne; flower, Miss L. MacNair.

The Alumnae Association is sponsoring a series of lectures in emergency nursing and A.R.P. work.

GUELPH:

Guelph General Hospital:

The annual meeting of the Alumnae Association of the Guelph General Hospital was held recently with the president, Miss L. Ferguson, in the chair. The officers for the coming year were elected as follows: Honourary president, Miss S. Agnes Campbell; president, Miss L. Ferguson; first vice-president, Mrs. F. C. McLeod; second vice-president, Miss H. Barber; secretary, Miss K. Laird; treasurer, Miss M. Featherstone; social committee: Miss M. Doughty (convener), Mrs. Steele, Miss A. Armstrong, Miss J. Rathwell, Miss H. Sloane; program committee: Miss M. Norrish, Miss C. Ziegler, Miss E. Wanless, Miss E. Lunau; flower committee, Miss H. Hall; representative to *The Canadian Nurse*, Miss E. Liphardt.

The nominating committee suggested the forming of a new committee for the purpose of supervising some form of war work, with Miss Ethel Eby as convener, and granting to her authority to buy such material as needed. The suggestion made by Miss Fennell, V.O.N. supervisor, that the bank balance of $100 in the Scholarship Fund be converted into a War Savings Certificate was accepted. A motion was passed that a donation of $25 be made to the Victorian Order of Nurses.

BRANTFORD:

Brantford General Hospital:

The monthly meeting of the Alumnae Association was held recently with Mrs. A. Mizon presiding. The members donated a number of useful articles for layettes for London war babies, and also $2.25 in cash to complete the supplies.

KITCHENER:

The Alumnae Association of Kitchener and Waterloo General Hospital held its monthly meeting recently, when Dr. Livingstone gave an interesting lecture on cardiac diseases. There were about 35 members present.

Miss Arleeta King (K.W.H., 1937) has been appointed as the operating-room supervisor at the Kitchener and Waterloo General Hospital.

DISTRICT 4

The following officers have recently been elected to serve during the coming year by District 4, R.N.A.O.: Chairman, Miss Annie Boyd, Hamilton; First Vice-Chairman. Miss M. Buchanan, Niagara Falls; second

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vice-chairman, Miss Ellen Ewart, Hamilton; secretary-treasurer, Miss Gladys Coulthart, Hamilton; councillors: Sister Mary Grace, Hamilton; Miss A. Wright, St. Catharines; Miss M. LeMay, Niagara Falls; Miss C. Brewster, Hamilton; Miss I. MacIntosh, Hamilton; Miss M. Cameron, Hamilton; conveners: hospital & school of nursing section, Sister Mary Eileen, Hamilton; public health section, Miss A. M. Oram, Welland; general nursing section, Miss Stella Murray, St. Catharines; emergency nursing service, Mrs. A. Haygarth, Hamilton.

HAMILTON:

Hamilton General Hospital:

The following excerpts are taken from an excellent report prepared by Mrs. Hilda Roy:

The regular monthly meetings have been interesting, with average attendance poor, due no doubt to the increased war service activities. June was an outstanding month. The Golden Jubilee of the School was celebrated for three days. The occasions sponsored by the Alumnae Association were in charge of a special committee, with Miss Martha Watt as convener. Six hundred and forty-two graduates attended the dinner, at which the graduating class were guests. The Association was very fortunate in having as guest speaker Miss Effie J. Taylor, president of the International Council of Nurses, and a native Hamiltonian. The dance and bridge were patronized by 540 persons and the proceeds were donated to the Red Cross.

In September, Miss Mayall gave an account of the meetings of the Canadian Nurses Association in Calgary. In October, Miss Boyd showed the coloured film of the Golden Jubilee events to 120 graduates and friends. This film was prepared by Miss Annie Boyd and purchased by the Alumnae Association, and presented to the School of Nursing. Miss Boyd is to be congratulated on her splendid work. A silver collection taken at this meeting was given to the R.N.A.O. The Program Committee has given us several splendid evenings, under Miss Suckling's direction.

Miss Helen Aitken, due to her recent marriage, has resigned as budget convener. The Association will miss her splendid work and enthusiasm which it has enjoyed for several years.

The constitution of our Association, as revised in 1938, has been on trial this year and will go to press early in 1941. Mr. Treleaven, as legal advisor to the Mutual Benefit Association since its inauguration, was presented with a club bag and brief

case as a token of appreciation of his service.

The First Aid and A.R.P. course of instruction sponsored by District 4, R.N.A.O., was endorsed by the Alumnae Association. The year closes with 36 new members and a total membership of 392.

Miss Dorothy Armstrong (Hamilton General Hospital and University of Western Ontario public health nursing course) has accepted the position of school nurse in Guelph.

Miss Bernice Armstrong (Hamilton General Hospital and University of Western Ontario public health nursing course) has resigned from Alma College staff to accept a position as school nurse in Windsor, Ontario.

The Alumnae Association recently held its quarterly meeting at St. Peter's Infirmary. Miss Merle Watson, the vice-president, was in the chair. We were privileged to hear Miss Esme Moonie, formerly with the Canadian Broadcasting Corporation, who spoke on "Reminiscence". She was accompanied by Miss Dorothy Dowsley at the piano. Miss Annie Boyd showed films of the royal visit to Hamilton, and the Golden Jubilee of the Hamilton General Hospital. Tea was served to 125 guests under the convenership of Miss Helen Tilling.

Miss Estelle Cahill (H.G.H., 1935) has accepted a position in the Military Hospital, Camp Borden. Miss Daisy Boyd (H.G.H., 1928), Miss Ann Ferrier (H.G.H., 1929), Miss Mae Matherson (H.G.H., 1932), and Miss Catherine Hall (H.G.H., 1930) have accepted positions at Chorley Park, Convalescent Military Hospital, Toronto.

Married: Recently, Miss Hilda Dennison (H.G.H., 1935) to Mr. James Karnes.

Married: Recently, Miss Catherine Ranton (H.G.H., 1934) to Mr. William Vanstone.

St. Joseph's Hospital:

At a recent meeting of the St. Joseph's Hospital Alumnae Association the following officers were elected for the year: Honourary president, Sister M. Alphonsa; president, Miss D. Crosby; first vice-president, Miss B. Cocker; second vice-president, Miss Z. Warren; third vice-president, Miss M. Neeligan; treasurer, Miss L. Curry; recording secretary, Miss F. Nicholson; corresponding secretary, Miss E. Moran; executive: Misses Crane, Dynes, Miller, Mc Manamy, Hayes, Quinn, Markle, Neal; entertainment convener, Miss A. Williams; representative to *The Canadian Nurse*, Miss J. E. Stevenson.

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Married: Recently, Miss Jean Laidlaw to Dr. W. Webster.

Married: Recently, Miss Betty Scheer to Mr. L. Onions.

Married: Recently, Miss Marion Fleming to Mr. G. Farnan.

Married: Recently, Miss Ilea Lucas to Mr. D. Monroe.

Married: Recently, Miss Agnes Smith to Mr. D. Muir.

District 5

Toronto:

St. Joseph's Hospital:

The following officers have recently been elected to serve during the coming year by the Alumnae Association of St. Joseph's Hospital: Honourary president, Rev. Sister M. Electa; president, Miss T. Hushin; first vice-president, Miss A. O'Neill; second vice-president, Miss L. Hill; recording secretary, Miss C. Hallett; corresponding secretary, Miss C. McQuillan; treasurer, Miss M. McMahon; councillors: Miss M. Caden, Miss M. Heydon, Miss H. Malone, Miss A. Tobin; representative to R.N.A.O., Miss C. Knaggs.

Hospital for Sick Children:

An interesting course of six lectures was recently arranged by the Alumnae Association. It proved to be an outstanding success and despite stormy weather on several occasions, secured a record attendance. The following is a list of lectures and lecturers: Treatment of wounds, Dr. McLaughlin; fractures and transportation of injured, Dr. Hutchinson; head injuries, Dr. W. Keith; blood transfusions, Dr. Chute, of Camp Borden; plastic surgery and burns, Dr. Farmer; gases, Dr. Irwin, of Banting Institute. Some of the lectures were illustrated by moving pictures and all proved to be extremely interesting.

Wellesley Hospital:

The following officers have recently been elected to serve during the coming year by the Alumnae Association of Wellesley Hospital: Honourary president, Miss Elsie K. Jones; president, Miss Grace Bolton; vice-presidents, Miss Jean Harris, Miss Mary Stanton; corresponding secretary, Miss Adelaide Solomon; assistant secretary, Miss Margaret Russell; recording secretary, Miss Gretchen Schwindt; assistant recording secretary, Miss Agnes MacLean; treasurer, Miss Grace Shier; treasurer of sick fund, Miss Jean Brown; custodian, Miss Dorothy

Powers; auditors: Miss Mina Ferguson, Miss Dorothy Arnott; general committee: Miss Edith Cowan, Miss Hermaine Wark, Miss Jean Laird, Mrs. A. Brymer.

The annual meeting of the Alumnae Association took place recently with a good attendance. Miss Grace Bolton presided, and excellent reports were given by the treasurer. A donation of $100 was voted to the Canadian Petroleum Spitfire fund. Reports were given by the various conveners and showed that a great deal of work had been done for the Red Cross. In addition to making many useful articles in surgical dressings, clothing and toys were sent to Miss Helen Cunningham, a Wellesley Hospital graduate, who is in charge of 50 evacuated children in England. Miss Mina Ferguson, who served as a nursing sister during the last war, presented Nursing Sister Mildred Henry with a Wellesley crested identification bracelet. The hospital superintendent, Mr. M. T. Morgan, praised the nurses for the high standard they had attained in their profession. A letter of appreciation was received from Nursing Sister Constance Tavener who is now in England. Sister Tavener expressed her appreciation of the Christmas bundle so kindly sent her by the Association.

Eleven Wellesley Hospital graduates are now serving in military hospitals in Canada and overseas.

St. John's Hospital:

The following officers have recently been elected to serve during the coming year by the Alumnae Association of St. John's Hospital: Honourary president, Sister Beatrice; president, Miss M. Martin; first vice-president, Mrs. Thring; second vice-president, Miss V. Mountain; recording secretary, Miss Anderson; corresponding secretary, Miss M. Riches; treasurer, Miss M. Draper; social convener, Mrs. C. Kerr; press representative, Miss R. Ramsden.

District 8

Ottawa:

Ottawa General Hospital:

The following officers have recently been elected to serve during the year by the Alumnae Association of the Ottawa General Hospital: Honourary president, Rev. Sister Flavie Domitille; president, Miss Viola Foran; first vice-president, Miss Alice Proulx; second vice-president, Miss Joan Stock; secretary-treasurer, Miss Lucille

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THE MABEL F. HERSEY SCHOLARSHIP

The Alumnae Association Royal Victoria Hospital, Inc., Montreal, announces that applications for the MABEL F. HERSEY SCHOLARSHIP will be received again this year. This scholarship is open to any graduate of the Royal Victoria Hospital Training School for Nurses, and is for post-graduate work only. The work may be in any University School for Graduate Nurses, or in any approved Hospital in Canada. The Scholarship has a value of two hundred and fifty dollars ($250.00). Application forms may be obtained from the Convener, Committee of Selection, Mrs. R. A. Taylor, 98 Dufferin Road, Montreal. All application forms should be returned to the Convener *not later than* April 23, 1941.

Saskatoon City Hospital

School of Nursing

Calling all Graduates!

The Thirtieth Anniversary will be celebrated on May 12, 1941. The Committee on Arrangements is proceeding with plans for the occasion.

Every graduate of the School is asked to send her present address (and those of any classmates known to her) to:

Miss Ida Rooke,
Saskatoon City Hospital,
Saskatoon, Sask.

Brulé; membership secretary, Miss Florence Lepine; councillors: Rev. Sister Flavie Domitille, Miss Rose Therien, Miss Jeanne LaRochelle; Miss Evelyn Byrne, Miss Marion Prindeville, Mrs. Larry Dunn.

QUEBEC

MONTREAL:

Montreal General Hospital:

The following officers have recently been elected to serve during the coming year by the Alumnae Association of the Montreal General Hospital: Honourary presidents, Miss Webster, O.B.E., Miss Tedford, Miss Strumm; honourary treasurer of Alumnae Association and Mutual Fund, Miss Henrietta Dunlop; honourary members: Miss Rayside, O.B.E., Miss Craig; president, Miss Catherine Anderson; first vice-president, Miss Bertha Birch; second vice-president, Mrs. Donald White; recording secretary, Miss Agnes Tennant; corresponding secretary, Miss Mabel Shannon; treasurer of Alumnae Association and secretary-treasurer of Mutual Benefit Fund, Miss I. Davies; executive committee of Alumnae Association: Miss M. K. Holt, Miss K. Annesley, Miss Martha MacDonald, Mrs. L. Fisher, Mrs. J. P. Robb; executive committee of Mutual Benefit Fund: president, Miss C. Anderson; vice-president, Miss M. K. Holt; secretary, Miss I. Davies; committee: Miss M. Mathewson, Miss B. Birch, Miss M. Nash, Miss M. Shannon; representatives to: general nursing section: Miss M. I. MacLeod, Miss M. McCann, Miss A. Whitney, Miss J. Van Vliet; Local Council of Women: Miss C. Colley, Miss M. Stevens; *The Canadian Nurse*, Miss C. Watling; sick visiting committee: Miss F. E. Strumm, Miss C. MacDonald, Miss Marjorie Ross; program committee: Miss M. Batson, Miss A. Tennant, Miss C. Angus; refreshment committee: Miss Cluff (convener), Miss J. MacDonald, Miss H. Christian, Miss J. McNair, Miss L. Fife, Miss M. MacQuarrie.

Membership was reported as the largest in the history of the association. It now stands at 677. Through the wool fund, members have contributed many dozen pairs of socks and other knitted articles for men of the navy and army.

Two thousand dollars was added to the reserve of the mutual benefit fund and invested in the Second War Loan. The association also reported aiding the regular purchase of War Savings Certificates by having war stamps for sale at each meeting.

and is purchasing a $15. certificate for the association each month.

At the November meeting nursing sisters were present in uniform for the first time since 1919. Twenty of the graduates are now on active service in England and in addition several who were in England at the outbreak of war are serving in various capacities with the civilian nursing services in Great Britain.

It was pointed out at the meeting that already Canadian hospitals were feeling the effect of mobilization of nursing personnel, and it was termed "essential" that a sufficient number of the "right type of young women" be inspired to enter schools of nursing.

Miss Blanche Herman (M.G.H., 1925) supervisor of nurses, Western Division, has been appointed to the staff of No. 14 General Hospital, R.C.A.M.C. Miss Birch succeeds Miss Herman as supervisor of the Western Division. Miss Gertrude Calder (M.G.H., 1919) succeeds Miss Birch as night supervisor. The Misses Phyllis Walker, Mary Brown, Margaret Burrows, Gladys Chaplin, Winnifred Crombie, Robina Falls, Marjorie MacLean, Jeanette Savard, Miriam Shaw, Madeline Taylor and Lillian Payn have been appointed Nursing Sisters of No. 14 General Hospital, R.C.A.M.C.

Miss Elizabeth R. Daly (M.G.H., 1940) has accepted a position with the public health department of the City of Montreal. Miss Dorris Michie (M.G.H., 1933) has succeeded Miss Beth Miller in the dental clinic. Miss Miller is taking over the supervision of one of the private wards in the Central Division.

Married: Recently, Miss Daphne Miles (M.G.H., 1939) to Mr. David Hanschell.

Married: Recently, Miss Maryson F. Murphy (M.G.H., 1935) to Mr. John R. Levins.

Royal Victoria Hospital:

Miss Helen Cookson (R.V.H., 1932) who has been at the Groote Schuur Hospital, Capetown, has left South Africa and is now in Kenya. Nursing Sister Maud Brooks, No. 1 Canadian General Hospital, writes that when the Sisters landed somewhere in Scotland they were welcomed with corsages of roses, geraniums and orchids from the station master, and tea, cheese and fruit cake from the ladies. The following nurses are now attached to No. 14 Canadian General Hospital: Rita Ackhurst (1924), Margaret Briggs (1933), Margaret Mowat (1937), Margaret Desborough (1938), and Anita Gibson (1940). Many more are enrolled and anxious for the opportunity to go overseas.

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Miss Christine Crawford (R.V.H., 1917) has been appointed Matron at Rideau Military Hospital, Ottawa, and not at Camp Borden as reported in our January News Notes. Miss Isabel Chipmen (R.V.H., 1938) is on duty on an ambulance train running between Halifax and Vancouver.

At the February meeting of the Alumnae Association Dr. L. P. Ereaux gave an interesting talk on cosmetic burns.

WESTMOUNT:

Woman's General Hospital:

The following officers have recently been elected to serve during the coming year by the Alumnae Association of the Woman's General Hospital: Honourary presidents, Miss Trench, Miss Pearson; president, Miss C. Martin; first vice-president, Mrs. Tellier; second vice-president, Mrs. Crewe; corresponding secretary, Mrs. Davis; recording secretary, Miss Van-Buskirk; treasurer, Miss Francis; committees: visiting: Mrs. Chisholm, Miss G. Wilson; social: Miss Linton, Miss Yellin, Miss Chananie; representative to *The Canadian Nurse*, Miss Francis.

QUEBEC:

Jeffery Hale's Hospital:

The following members have been appointed as officers of the Alumnae Association for the ensuing year: President, Mrs. A. W. G. Macalister; first vice-president, Miss Nora Martin; second vice-president, Miss Effie Jack; secretary, Miss Muriel G. Fischer; treasurer, Mrs. W. D. Fleming; councillors: Mrs. C. Young, Miss Irene Matthew, Miss Alma Wolff, Miss C. Kennedy, Miss Fitzpatrick; committee conveners: private duty, Miss Elsie Walsh, Miss M. L. Eager; visiting, Mrs. T. H. Buttimore, Mrs. H. M. Raphael, Mrs. Peter Gray, Miss Ethel Douglas; program, Miss Rita Chase, Miss M. L. Eager, Miss Effie Jack, Miss Isobel Black; purchasing, Miss Mae Lunam, Mrs. W. D. Fleming, Miss Gladys Weary; refreshment, Miss Isobel Black, Miss Joy Andrews, Miss Eileen McMurray, Miss Rita Chase; service fund, Miss F. L. Imrie, Miss Nora Martin, Miss Elsie Walsh, Mrs. S. B. Baptist, Mrs. P. Rolleston, Mrs. Earl Seale; Red Cross Committee (visiting): Mrs. K. K. Craig, Mrs. L. Teakel, Mrs. W. W. Martin, Miss Ivan West, Mrs. Edgar Parrott, Miss Ethel Douglas; Red Cross Committee (work room): Mrs. P. Gray, Mrs. Teakle, Mrs. C. Young, Miss F. Ingraham, Miss R. Chase, Miss Ethel Douglas; representative to *The Canadian Nurse*, Miss Gladys Weary.

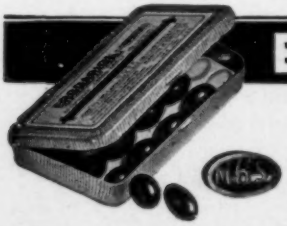
At a recent meeting of the Alumnae Association the president, Mrs. A. W. G. Macalister, gave an interesting illustrated lecture on the history of Jeffery Hale's Hospital. At the February meeting, Miss Phyllis Snow, instructress at the J.H.H., gave an illustrated lecture on the history of nursing.

Miss S. M. Jamieson (J.H.H., 1913) is now superintendent of nurses of the Prince Rupert Hospital, Prince Rupert, B.C. Miss Patricia Bruce (J.H.H., 1936) is on the staff of the Emmanuel Hospital, Portland, Oregon, and Miss Nellie McKie (J.H.H., 1924) is night supervisor in the same hospital.

Miss N. Martin attended the meeting of the Hospital and School of Nursing Section of the A.R.N.P.Q. when Miss Lindeburgh gave an introductory address on the Study of the Supplement to the Proposed Curriculum for Schools of Nursing in Canada.

Married: Recently, Miss Margaret Davis (J.H.H., 1939) to Mr. Harry McCullock.

Married: Recently, Miss Edith Murray (J.H.H., 1939) to Mr. James Polson.



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Married: Recently, Miss Ethel Leith (J.H.H., 1933) to Mr. Foster Fulton.

NEWFOUNDLAND

St. John's:

A very interesting meeting was held recently by the Newfoundland Graduate Nurses Association in their rooms at the Child Welfare Centre. There was a record attendance. Three unique exhibits, lent by *The Canadian Nurse,* were displayed. The president, Miss Syretha Squires, read a greeting to the nurses of Newfoundland from the editor of the *Journal,* who said in part: "In the first number of its thirty-seventh volume *The Canadian Nurse* has the happy privilege of welcoming to its pages the Newfoundland Graduate Nurses Association. Ever since the war began it seems to us in Canada that Newfoundland has, in some mysterious way, come very much closer to our shores. We are tremendously proud of the spirit displayed by your fighting men, on sea, on land, and in the air. And we know that the nurses of Newfoundland share that spirit and carry its inspiration into their daily lives, And so another slender strand is woven in the intangible bond which binds the Commonwealth together".

The speaker of the evening was Miss Marjorie Mews, B.A., whose topic was "Professional Books for Lay People". In an entertaining manner she reviewed several books, the life of Madame Curie being among them. Miss Mews also gave a list of interesting books obtainable at the Gosling Memorial Library. Thanks to the speaker were extended by Miss Gertrude Costello. Several new members were welcomed, and a special welcome was given to Miss Fronie Stickland, newly-appointed instructress of nurses at the Grace Hospital. At the conclusion of the meeting, a social hour followed.

Miss Elizabeth Martin, of the public health nursing staff, is taking a course in public health nursing at the school of nursing, University of Toronto. She writes of a most interesting time-table and is enjoying it very much.

Miss Fronie Stickland (University of Toronto School of Nursing, Class of 1940) has been appointed instructress of nurses at the Grace Hospital, St. John's.

Miss Mona Wilson, M.B.E., of the Canadian Red Cross Society, is in town and is kept very busy with her work with the Canadians of the fighting forces. She is keenly interested in the Newfoundland Graduate Nurses Association and its progress.

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C. M. Powell, R. N., Director

ASSOCIATION OF REGISTERED NURSES OF THE PROVINCE OF QUEBEC

The Spring examinations for qualification as "Registered Nurse" will be held in Montreal and elsewhere on April 28th, 29th, and 30th, 1941.

Application forms and all information may be procured from the Registrar. All applications must be in the office of the Association by March 31st, 1941.

NO APPLICATION WILL BE CONSIDERED AFTER THAT DATE.

Results of examinations will be published on or about June 9th, 1941.

E. FRANCES UPTON, R.N.
Executive Secretary and Registrar,
Suite 1019, Medical Arts Bldg.,
1538 Sherbrooke St. West, Montreal.

. . . OFF . . . DUTY . . .

Even when we were very young . . . we always liked to pore over maps . . . Instead of doing our sums, we used to gaze at a yellowing Mercator's Projection that hung on the wall at school . . . and pick out the far-off countries for which we should set sail some day . . . Queerly enough, we have managed to visit many of them . . . but, alas, not the Flowery Kingdom . . . Perhaps China intrigued us most because of a delicate flowered cup with no handles, that stood on an ebony bracket, in the drawingroom at home . . . Fragile as an eggshell, we were only allowed to touch it with the tip of a cautious finger . . . "It came from China," they told us . . . "over the sea, in a ship, long before you were born" . . . As the years went by, we did get closer to China by a few thousand miles and saw the Chinese truck gardens in British Columbia . . . miracles of symmetry and glowing colour . . . On our way to work we used to meet the gardeners wearing their Chinese-blue smocks and wide coolie hats, balancing their woven baskets at either end of a long pole . . . Once in awhile we went to the Chinese theatre to watch a single act in a play lasting for days on end . . . and we recall a lively scene between a hen-pecked husband and a nagging wife that although we did not understand a word, we knew to be high comedy . . . Then one evening, a Chinese nurse from a famous school of nursing in Peking came to dinner . . . she wore a Chinese robe made of peach blossom silk . . . her jet black hair was as smooth as lacquer . . . her skin as creamy white as the petals of a gardenia . . . Forthwith we were reminded of our eggshell china cup, and showed it to her proudly . . . "It belongs to a good period," she said, smiling a little at our enthusiasm, "Although they are delicate, they do not break easily" . . . Since then the cup has survived many vicissitudes, but still adorns our mantelpiece . . . The other evening our Chinese laundryman arrived with the weekly bundle and, as we gave him the money, we saw he was gazing intently at our cup . . . "Him come from China, very old," said he quietly . . . "Yes," we replied, "very old, and very strong, and very beautiful" . . . He shouldered his blue denim bag and turned to the door . . . "China last long time, all same cup, not break very soon", said he . . . "Goodbye, I come back next week catch laundry."

— E. J.

Official Directory

International Council of Nurses

Acting Executive Secretary, Miss Calista F. Banwarth, 310 Cedar Street, New Haven, Connecticut, U. S. A.

THE CANADIAN NURSES ASSOCIATION

President..... Miss Grace M. Fairley, Vancouver General Hospital, Vancouver, B.C.
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First Vice-President..... Miss Elizabeth L. Smellie, Department of National Defence, Ottawa, Ont.
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Honourary Secretary ..... Miss Kathleen I. Sanderson, 1105 Park Drive, Vancouver, B.C.
Honourary Treasurer ..... Miss A. J. MacMaster, Moncton Hospital, Moncton, N.B.

COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals indicate office held: (1) *President, Provincial Nurses Association;* (2) *Chairman, Hospital and School of Nursing Section;* (3) *Chairman, Public Health Section;* (4) *Chairman, General Nursing Section.*

Alberta: (1) Miss Rae Chittick, 815-18th Ave. W., Calgary; (2) Miss Helen S. Peters, University Hospital, Edmonton; (3) Miss Audrey Dick, Ste. 26, Lorraine Apts., Calgary; (4) Miss Helen M. Hill, 311-14th Street, South, Lethbridge.

British Columbia: (1) Miss M. Duffield, 1675 10th Ave., W., Vancouver; (2) Miss A. S. Cavers, Vancouver General Hospital, Vancouver; (3) Miss F. Innes, 1922 Adanac St., Vancouver; (4) Mrs. J. F. Hansom, 1178 Esquimalt Ave., West Vancouver.

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New Brunswick: (1) Sister Kerr, Hotel Dieu Hospital, Campbellton; (2) Miss Marian Myers, Saint John General Hospital; (3) Miss A. A. Burns, Health Centre, Saint John; (4) Miss Myrtle E. Kay, 21 Austin St., Moncton.

Nova Scotia: (1) Mrs. Hope Mack, Nova Scotia Sanatorium, Kentville; (2) Sister Mary Peter, St. Joseph's Hospital, Glace Bay; (3) Miss Hazel Macdonald, 21 Queen St., Sydney; (4) Miss Frances Brown, Wolfville.

Ontario: (1) Miss Jean L. Church, 120 Strathcona Ave., Ottawa; (2) Miss N. M. Dulmage, Toronto General Hospital, Toronto; (3) Miss G. Ross, 15 Queen's Park Cresc., Toronto; (4) Miss Freda Fell, Apt. 101, 2745 Yonge St., Toronto.

Prince Edward Island: (1) Miss Ina Gillan, 227 Kent St., Charlottetown; (2) Miss Georgie Brown, Prince County Hospital, Summerside; (3) Miss Ruth Ross, Summerside; (4) Miss Mary Devereau, New Haven.

Quebec: (1) Miss E. Flanagan, Royal Victoria Hospital, Montreal; (2) Miss M. Batson, Montreal General Hospital, Montreal; (3) Mlle A. Martineau, Dept. of Health, City of Montreal; (4) Miss A. W. Gardiner, 4516 St. Catherine St. W., Apt. 7, Montreal.

Saskatchewan: (1) Miss Ann Morton, Weyburn; (2) Miss May E. Reid, St. Paul's Hospital, Saskatoon; (3) Miss Myrtle E. Pierce, Wolseley; (4) Miss Mary R. Chisholm, 805-7th Ave. N., Saskatoon.

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Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

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Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

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Chairman, Miss K. Connor, Central Alta. Sanatorium; Vice-Chairman, Miss C. Feisel, Holy Cross Hospital; Sec., Miss M. Richards, Holy Cross Hospital; Treas., Miss M. Watt, City Health Dept.; *Conveners of Sections*: *Hospital & School of Nursing*, Miss J. Connal, Gen. Hospital; *Public Health*, Miss A. Dick, City Health Dept.; *General Nursing*, Miss D. Cannon, Gen. Hospital.

Medicine Hat District, No. 4, Alberta Association of Registered Nurses

Chairman, Miss C. E. Mary Rowles, Medecine Hat General Hospital; Vice-Chairman, Miss M. Hagerman, Y.W.C.A., Medicine Hat; Secretary-Treasurer, Miss M. Webster, 558 Fourth Street, Medicine Hat.

Edmonton District, No. 7, Alberta Association of Registered Nurses

Chairman, Miss Ida Johnson; First Vice-Chairman, Miss C. Clibborn; Sec. Vice-Chairman, Sister Mayer; Sec., Miss H. Bamforth, Royal Alexandra Hospital, Edmonton; Treas., Miss E. Porritt; *Committee Conveners*: *Program*, Miss E. Cushing; *Membership*, Miss M. Dennison; *Representatives* to: *Local Council of Women*, Miss V. Chapman; *The Canadian Nurse*, Miss E. Perkins.

BRITISH COLUMBIA

Registered Nurses Association of British Columbia

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MANITOBA

Manitoba Association of Registered Nurses

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NEW BRUNSWICK

New Brunswick Association of Registered Nurses

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NOVA SCOTIA

Registered Nurses Association of Nova Scotia

President, Mrs. Hope Mack, Nova Scotia Sanatorium, Kentville; First Vice-President, Miss K. Harvey, Middleton; Sec. Vice-Pres., Miss M. MacLellan, Digby; Third Vice-Pres., Miss A. Martin, City Hospital, Sydney; Rec. Sec., Mrs. D. J. Gillis, Windsor Jct.; Treasurer, Corresponding Secretary and Registrar, Miss Jean C. Dunning, 413 Dennis Building, Halifax; *Representative* to *The Canadian Nurse*, Miss Flora Anderson, General Hospital, Glace Bay.

ONTARIO

Registered Nurses Association of Ontario

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President, Miss G. Sharpe; Secretary-Treasurer, Miss Matilda E. Fitzgerald, Room 630, Physicians & Surgeons Building, 86 Bloor St. W., Toronto; *Chairmen of Sections*: *Hospital & School of Nursing*, Miss N. M. Dulmage, Toronto General Hospital, Toronto; *General Nursing*, Miss Freda Fell, Apt. 101, 2745 Yonge Street, Toronto; *Public Health*, Miss G. Ross, 15 Queen's Park Crescent, Toronto; *Chairmen of Districts*: Miss J. M. Wilson, Miss W. Ashplant, Miss A. Boyd, Miss A. Bell, Miss I. Shaw, Miss A. Baillie, Miss M. Black, Miss J. Smith, Miss D. Adams.

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Chairman, Miss Molly Black; Vice-Chairman, Miss Mabel Stewart; Sec., Miss E. Webb, 126 Belmont Ave., Ottawa; Treas., Miss D. Lodge, Ottawa Civic Hospital; *Councillors*: Misses K. McIlraith, J. Church, V. Belier, G. Ferguson, M. Lowry, Rev. Sr. Evangeline; *Committee Conveners*: *Nurse Education*, Miss B. McKercher; *Private Duty*, Mrs. A. Fraser; *Public Health*, Miss F. Lyons; *Cornwall Chapter*, Mrs. Villeneuve; *Pembroke Chapter*, Rev. Sr. M. Evangeline.

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PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Miss Ina Gillan, 227 Kent St., Charlottetown; Vice-Pres., Rev. Sr. St. John the Baptist; Secretary, Miss Leonora Clark, Prince Co. Hospital, Summerside; Treasurer and Registrar, Rev. Sister Mary Magdalen, Charlottetown Hospital; *Conveners of Sections*; *Private Duty*, Miss Mary Devereau, New Haven; *Public Health*, Miss Ruth Ross, Summerside; *Nursing Education*, Miss Georgie Brown, Prince County Hospital, Summerside.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

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Saskatchewan Registered Nurses Association (Incorporated, 1917)

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Regina Registered Nurses Association

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Alumnae Associations

ALBERTA

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A.A., Edmonton General Hospital, Edmonton

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A.A., Lamont Public Hospital, Lamont

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A.A., Vegreville General Hospital, Vegreville

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A.A., St. Paul's Hospital, Vancouver

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A.A., Vancouver General Hospital, Vancouver

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A.A., St. Joseph's Hospital, Victoria

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MANITOBA

A.A., St. Boniface Hospital, St. Boniface

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A.A., Misericordia Hospital, Winnipeg

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NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John

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A.A., Glace Bay General Hospital, Glace Bay

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A.A., Victoria General Hospital, Halifax

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ONTARIO

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A.A., Brockville General Hospital, Brockville

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A.A., St. Joseph's Hospital, Chatham

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A.A., Cornwall General Hospital, Cornwall

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A.A., Galt Hospital, Galt

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A.A., Guelph General Hospital, Guelph

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A.A., St. Joseph's Hospital, Guelph

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A.A., Hamilton General Hospital, Hamilton

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A.A., St. Joseph's Hospital, Hamilton

Hon. Pres., Sr. M. Alphonsa; Pres., Miss D. Crosby; First Vice-Pres., Miss B. Cocker; Treas., Miss L. Curry; Rec. Sec., Miss F. Nicholson; Corr. Sec., Miss E. Moran, 95 Victoria Ave. S.; *Executive*: Misses Crane, Dynes, Miller, McManamy, Hayes, Quinn, Markle, Neal; *Entertainment*, Miss A. Williams; *Rep.* to *The Canadian Nurse*, Miss J. Stevenson.

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A.A., Kingston General Hospital, Kingston

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A.A., St. Mary's Hospital, Kitchener

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